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ABSTRACT

This booklet describes in detail a health education curriculum designed for preschool children. Large numbers of reference books and literature for adults and children, movies, pictures, posters, records, toys and teaching aids are recommended. The basic philosophy of the curriculum is that health education permits the child to learn more about himself and hence build up his self-concept; the objective of the program is to make health (mental, physical and social) a valued asset for the child. Modern concepts of early childhood learning and intellectual and emotional development are considered; hence child-centered and group-centered approaches are used, and the relationship with the teacher stressed. Mental health and ethnic considerations are emphasized throughout. To involve the total personality, creative activities, discussion of information and attitudes, cooperative group games and role playing are encouraged as integral parts of the learning experience. Several health topics are covered under 5 broad units: (1) All About Me; (2) Me and My Folks; (3) Where I Live; (4) I'm Growing and Changing; and (5) Who Helps Me Take Care of My Health. (KS)

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HEALTHY THAT'S ME

A HEALTH EDUCATION CURRICULUM FOR HEALTH START

This curriculum
was developed by
Dorothy D. Harrison, Ph. D.,
for Gertrude T. Hunter, M. D.
Director of Health Services,
Project Head Start,
OCD/DHEW,
Contracting Officer
under a contract to Bio-Dynamics, Inc.

**U.S. Department of
Health, Education,
and Welfare
Office of
Child Development
Project Head Start
Washington, D.C.
20201**

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Contributors

Patricia Schiller, M.A., J.D.
Marriage Counselor, Lawyer, Psychologist
Founder, American Association of Sex Educators and Counselors
Assistant Professor, Howard University Medical School

Carol Even, B.A.
Dramatic Artist and Specialist in Teaching Improvisations for children, described in PIAGET FOR TEACHERS, Hans G. Furth, Prentice Hall

Pearl L. Rosser, M.D.
Medical Director, Child Development Clinic
Howard University College of Medicine

Joan Smith, R.N.
Health Coordinator, Capitol Head Start
Washington, D.C.

Roberta D. Barnes
Owner-Director, Rhett-Corri Charm School
Washington, D.C.

Harriet L. Young, M.Ed.
Physical Education Instructor (Staff Assistant)
Public Schools, Washington, D.C.

Mildred Brooks, B.S.
Home Economics Consultant
Social Services Administration
Washington, D.C.

Dalton C. Allen, Jr., D.D.S.
Assistant Professor, Clinical Dentistry
Howard University College of Dentistry

Alice O. Ford, M.P.H.
Chairman, Division of Oral Hygiene
Howard University College of Dentistry

Song written by Carol Peck
Poet, Editor and Free Lance Writer

Brumsic Brandon, Jr. - Artist
Creator of "Luther" Westbury, New York

Consultants

Overall Advisors:
David E. Day, Ed.D.
Associate Professor
School of Education
University of Massachusetts

Constance Kamii, Ph.D.
Curriculum Director
Early Education Program
Ypsilanti, Michigan, Public Schools

Patricia Schiller, M.A., J.D.
Marriage Counselor, Lawyer, Psychologist
Founder, American Association of Sex Educators and Counselors
Assistant Professor, Howard University Medical School

Reviewers:
Joseph Patterson, Dr. P.H.
Dept. of Preventive Medicine
University of Washington
Seattle, Washington

Mrs. Helen Lucye
Schools Unit, Division of Dental Health
U.S. Public Health Service

Mrs. Margaret Powers
Nutrition Education Specialist
Office of Education, Washington, D.C.

Miss Jeannette Rayner
Public Health Analyst, Dental Health Division
U.S. Public Health Service

Marilyn Schima, Ed. D., Dean,
Health Sciences
Hostos Community College of the City University of New York

Harriet Yarmolinsky
Program Office, Parent and Child Health Center, Minnesota
Kindergarten Teacher, Virginia
New York, New York

Jeanette Simmons, D.Sc.,
Associate Professor
Harvard University School of Public Health

Emma Carr Bivins, Health Educator
Community Program Branch,
Dept. of Dental Health

and all local committee chairmen

Local Committees Participating

6 **Macon County Full-Year Head Start**
Tuskegee, Alabama

Medical Director
Dr. T. M. Campbell
Curriculum Developer
Mr. L. M. Randolph
Program Director
Mrs. Jeanetta S. Branche
Social Service Director
Mr. Johnny L. Jeter
Head Start Nurse
Mrs. Anita K. Bass, R.N.
Nurse's Aide
Mrs. Sallye Parker
Parent Involvement Worker
Mrs. Lizzie Evans
Teachers
Mrs. Wynell Yarbrough
Mrs. Meredith Benner
Miss Hattie B. Frank
Teacher's Aide:
Mrs. Easter Williams
Parents
Mrs. Annette Sherrill
Mrs. Patricia Sharpe
Mrs. Katie Thomas
Mrs. Anne Williams
Mrs. Gwendolyn Garrett
Volunteer
Mr. George Williams

Santa Clara County Head Start
Office of Education
San Jose, California

Head Start Coordinator
Mrs. Winona Sample
Health Coordinator
Mrs. Wilma Ash, R.N.
Teachers
Mrs. Hilda Paxton
Mrs. Maria Reyes
Miss Velia Lugan
Miss Mary Tate
Community Aide
Alicia Menchaca
Nutritionist
Miss Gardener
Parents
Mrs. Mary Vidal
Mrs. Lupe Torres

Mingo County Economic Opportunity
Commission, Inc.
Williamson, West Virginia

Health Coordinator
Mrs. Bernice Johnson, R.N.
Nutritionist
Mrs. Nolaine Ferrell
Pediatrician
Dr. William Carter
Public Health Nurse
Mrs. Eva Lee McGinnis
Welfare Dept. Representatives
Mrs. Salovia Joyce
Mr. Ellis Brown
Teachers
Mrs. Hazel Harris
Mrs. Shirley Curry
Mrs. Betty Skeens
Mrs. Roberta Whitt
Coordinator of Social Services
Mrs. Cherokee Alexander
Social Service Aide
Mrs. Beulah Smith
Parents
Mrs. Corvenia Clements
Mrs. Bonnie Browning
Mr. Leslie Robinson
Mrs. Viola Kirk
Cook
Mrs. Dimple Powers
Grandparent
Mrs. Gladys Evans

Participants in Workshop Only

Washington, D.C.
March 20, 1970

Capital Head Start
Washington, D.C.

Health Coordinator
E. Joan Smith, R.N.
Nutritionist
Myrta Menendez
Teachers
Mattie Duckens
Theodore Brooks
Sandra Lamb
Parent Coordinator
Lillian Smallwood
Director of Education
Sister Mary Mel
Parents
Shirley Harris
Mildred Harrison
Barbara Thomas
Carolyn Cross
Alberto Brawner

Office of Navajo
Economic Opportunity
Child Development Program
Ft. Defiance, Arizona

Director
Mr. J. C. Bagay
Administrative Assistant
Miss Charlene Whitney
Head Start Nurse
Mrs. Rosalyn Curtis, R.N.
Director of Health
and Nutrition Services
Mr. Alvin Blough
Field Worker for Head Start
Supplementary Training
Mr. Edwin Yazzie
Director of Head Start Social/Services
Mr. Floyd Ashley
Career Development Director
Mrs. Lettie Nave
Teacher - Manuelito Pre-school Center
Mr. Owen Crieghtney

Bernalilo, New Mexico

Head Start Director
Mrs. Carrie Gasper
Cook
Mrs. Lucy Guiterrez
Parents
Mrs. Janie James
Mr. Harry Suina

Action for Boston Community Development, Inc.
Head Start, Boston, Massachusetts

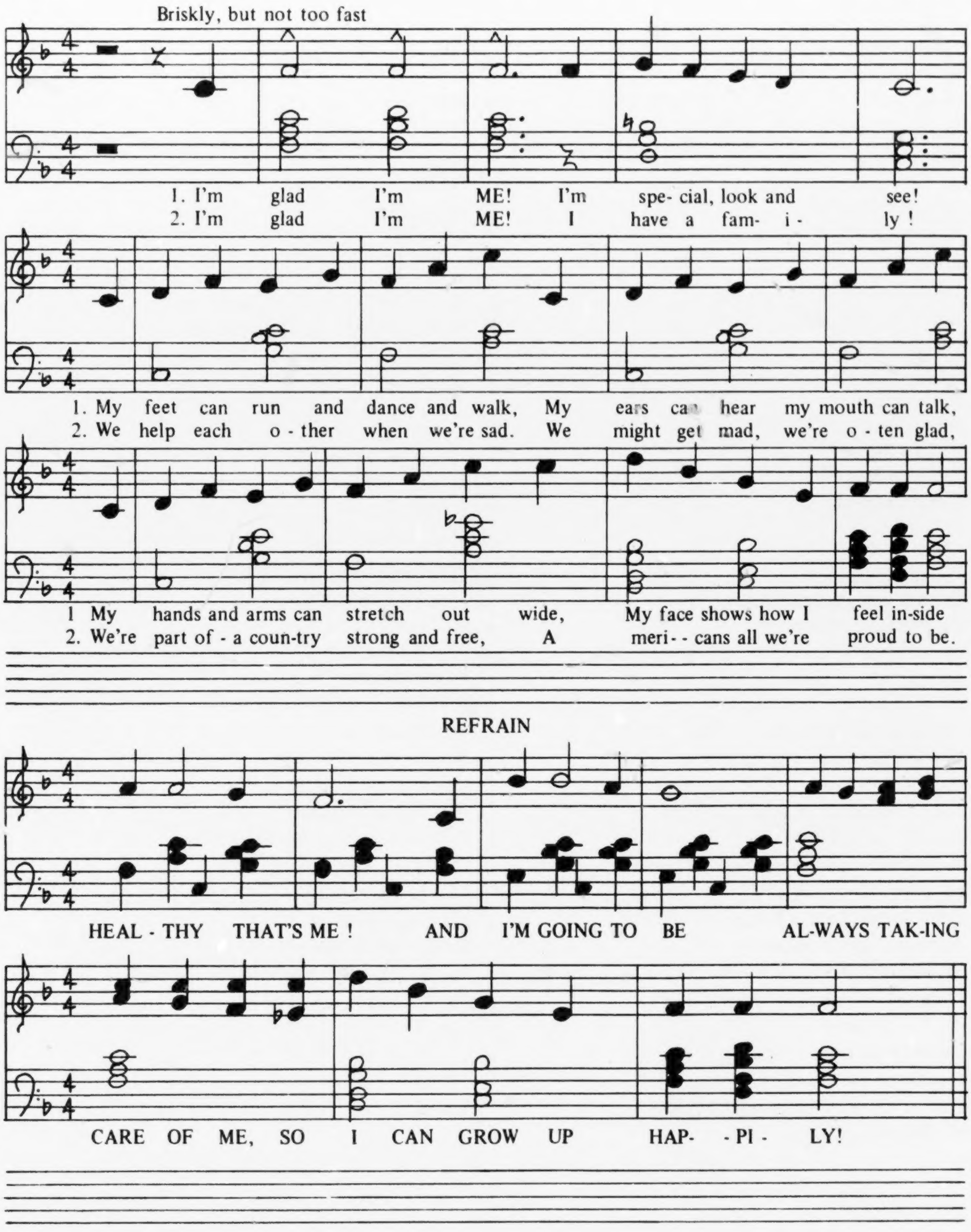
Health Coordinator
Mrs. Albina Orlowski, R.N.
Teacher
Mrs. Betty Montiero
Parents
Mr. Elliott Lee
Mrs. Thelma Peters

East Harlem Tenants Council
New York, New York

A. Workshop Group
Former Director
Miss Gail Granet
Health Assistant
Mrs. Carmen Courvertier
Parent
Mrs. Alicia Rodriguez
B. Reviewing Committee
Head Start Director
Mrs. Farida Ali
Education Director
Mr. Earnest S. Wilson
Health Assistant
Mrs. Carmen Courvertier

HEALTHY, THAT'S ME!

Carol Peck


Briskly, but not too fast
1. I'm glad I'm ME! I'm spe- cial, look and see!
2. I'm glad I'm ME! I have a fam- i - ly !
1. My feet can run and dance and walk, My ears can hear my mouth can talk,
2. We help each o - ther when we're sad. We might get mad, we're o - ten glad,
1 My hands and arms can stretch out wide, My face shows how I feel in-side
2. We're part of - a coun-try strong and free, A meri- - cans all we're proud to be.
REFRAIN
HEAL - THY THAT'S ME ! AND I'M GOING TO BE AL-WAYS TAK-ING
CARE OF ME, SO I CAN GROW UP HAP- - PI - LY!

Song
"Healthy, That's Me"

Verse I
I'm glad I'm me! I'm special, look and see:
My feet can run and dance and walk,
My ears can hear, my mouth can talk,
My hands and arms can stretch out wide,
My face shows how I feel inside.

Refrain
Healthy, that's me! And I'm going to be
Always taking care of me, so I can grow up happily.

Verse II
I'm glad I'm me! I have a family,
We help each other when we're sad
We might get mad, we're often glad
We make up a country strong and free
Americans all, we're proud to be.

Refrain

Verse III
I love my home, it's nice and safe,
I leave all matches on the shelf,
I don't take pills all by myself,
I don't taste all things I see.
Just what a grownup gives to me.

Refrain

Verse IV
I'm glad to say, I'm growing every way:
I dress myself now every day
And put my clothes and toys away.
I eat good food, and stand up straight,
When I'm a grown-up, I'll be great!

Refrain

Verse V
I'm glad to tell, of those who keep me well:
The farmers grow good food to eat,
Policemen help me cross the street,
The doctors, nurses, dentists, too,
They smile and know just what to do.

Refrain
Healthy, that's me! And I'm going to be
Always taking care of me, so I can grow up happily.

Sano Estoy Yo
(Spanish translation of HEALTHY, THAT'S ME)
By Carol Peck
Translator: Ramon Levy

I.
Contento estoy
de ser como yo soy.
Puedo bailar y caminar
Puedo escuchar, también se hablar.
Brazos y manos puedo usar.
Por todo estoy soy feliz.

Estribillo
Sano estoy yo, y por eso ahora
siempre me estare cuidando.
Y así viviré feliz.

II.
Estoy feliz; mi familia también.
Nos ayudamos en el pesar.
Y si peleamos, hacemos paz.
Unidos somos un gran pais.
Mi orgullo es ser de América.

III.
Amo mi hogar. Yo estoy seguro allí.
No juego con fuego. No señor!
Ni con medicinas, ni píldoras.
Ni como todo lo que veo
sin el permiso de mamá.

IV.
Contento voy.
Estoy creciendo. Sí.
Ya se vestirme, y también
soy ordenado, y además
como alimentos, que hacen bien
para crecer fuerte y feliz!

V.
Ahora diré, quien me ha ayudado a mi
Los campesinos, que siembran
los vegetales, y también
los policías, con protección;
dentistas, norsas, y el doctor
que alivia siempre mi malestar.
Gracias a todos les doy yo.

A Health Education Curriculum for Health Start

Basic Philosophies and Overall Objectives

Health Education permits an individual (child or adult) to take a look at himself, learn more about himself - how "fearfully and wonderfully" he is made and therefore how he must be cared for to bring out the best in himself. It is based upon strengthening the child's self-image, creating self-awareness, and implanting within him a positive desire to respect, accept and have pride in who he is. It also involves helping him understand and appreciate the complex integration of mental and physical attributes which make him the wonderful, adjustable and adaptable organism that he is– the "me." With his understanding and positive appreciation of his total body and how it operates, the desire can be stimulated for knowledge and practice about the care and protection, improving and preserving of his self. It should be a source of constant amazement that each human being is a self-contained locomotive, furnace, energy factory, and, above all, a self-directing computer that is constantly receiving information from the environment, sorting it through the senses and using it creatively in making one's own unique contribution to the world. The child must also become aware that, with all of this, this self is not independent, but depends completely on its environment, both physical and social.

This curriculum follows an outline based upon the child's growing awareness of himself in an ever-widening world. In his infant universe he is the center of the world. Then he recognizes that surrounding him is his family, and next he becomes aware of his physical world, his home. Gradually this develops into his awareness that, rather than being the center of the world, he is part of a larger world and he can learn about this world that is his environment, his past, the people from whom he came, and look with confidence to his future. As his world grows, we bring him back to himself with the concept that he too is growing.

After this, the curriculum specifically deals with health care, all those who assist the child in the home and community in caring for his health, and what he can expect in terms of restoring his health when he gets sick.

All of the individual and separate topics in health education included in this curriculum are integrated into the above scheme, with a heavy emphasis on mental health.

The development of a healthy, strong ego is a mental imperative for the preschool child. During the ages of 3 and 4, the child is developing a strong sense of himself in relation to others and to his ever-expanding world. Because ego development is extremely crucial during this period, it will be a major concern in every unit of this curriculum. In the case of children who will have many disadvantages to overcome, nothing that enhances the development of an adequate ego structure can be overstressed, if this curriculum is to fulfill its responsibility in the area of mental health. The building of pride, satisfaction and acceptance of the self, particularly the physical self, will be emphasized. The child must be given favorable ideas about his body and what a wonderful organism it is because his feelings about himself will be enhanced as he develops healthy attitudes and feelings toward his body.

Both child-centered and group-centered approaches will be used, and learning experiences which involve the total personality will be encouraged. The activities and experiences in which they will be involved are creative and afford children the opportunity to interact with each other and develop greater self-awareness.

The teacher speeds up the self-awareness process by her genuiness, her unlimited positive regard and her intuitive ability to feel with each child. Through these approaches, children learn to be open and trusting.

This curriculum is based on modern concepts of early childhood intellectural and emotional development and learning.

The development of a child's positive self-image comes about through his experiencing respect as a person by others. This particularly involves the adults he learns to trust, as well as other children, because he observes how other children are taught or permitted to react to him and what adult responses they receive by being nice or nasty to him.

Thus all the interpersonal experiences in the classroom contribute to a child's mental health and the development of his self-image. No special activity or game can take the place of these every day experiences. Dorothy Law Nolte says it well in the title of one of her poems, "Children Learn What They Live."

Suggested activities and use of teaching aids and materials in this curriculum represent examples of specially focused exercises. However, it is strongly recommended to the teacher that "real life," natural situations also be used whenever possible to make the child aware of the pleasures and satisfactions to be received through the use of his body. Constance Kamii, early childhood education specialist, reminds us, "Health is not taught through games and tricks; it permeates the entire day."

Healthy, That's Me

Statement of Objectives

Main Objective: To make **health** a valued asset for the **child**.

Health is defined as a state of complete mental, physical and social well-being. In order to achieve this goal, the following objectives have to be met:

A. Help the child place a positive value on himself.

B. Help the child place a positive value on his family and his people.

C. Help the child place a positive value on his home and his community.

D. Help the child place a positive value on his future, to realize that he has one that he is preparing for.

E. Help the child begin to develop an understanding of how to care for himself, his present and his future health.

Methodology

The teacher's personal relationship to the child is of primary importance and the most important factor for successful teaching. A teacher must show genuine interest and warmth toward each child and be able to identify with and have unfailing regard for every child. Many teachers can do this when things are going well, but when there is a problem—an irritable child, an annoying child—this will perhaps be difficult. This is where additional personnel (aides, volunteers, etc.) can assist, by giving a child the special attention needed in such situations. Exercises that will assist the teacher in continuing in this warm, understanding manner are provided. More than anything else, this will insure the success of the program.

Because Health Education is basically teaching about individual self-awareness, with a heavy emphasis on the mental hygiene of the child and his development, it is important that all the teaching techniques used totally involve the child in his learning.

Play will be the vehicle for much of this health teaching, for in play the basic ingredient is a sense of personal freedom. Two approaches will be stressed in directing play and creative expression, one for the individual child and one for the group. Many of these techniques are accepted and used in the wider field of early childhood education and now must be used in the field of health education, for which they are particularly well suited.

The Child-Centered Approach

In the overall objectives of this program it was mentioned that the preschool child is at the age where he learns best through sensory-motor experiences. For this reason, the teacher must strive constantly to provide the child with activities in which he will discover the relationships between sensations and their meanings for himself, rather than being told about them by the teacher.

All these activities should provide for the child to enter completely into the action as more than just an observer or listener. Even in instances when others are carrying on the major action, there also must be something for each child to do as part of the complete activity. Suggestions such as "Guess what is going on;" "What will happen next;" "Watch this, then you do it;" "You do this part of it;" "Do it your way, tell me about it" are some of the ways the resourceful teacher can devise to stimulate each child's participation.

In teaching about health, the important principle we are trying to implant early in the child's mind is that *he* governs the use of his body, how it can perform and how it should be cared for. Most importantly, he knows how it feels because he receives messages from parts of his body about the quality of their actions. He knows when he is not functioning at his optimum level; others cannot tell him this. This is important in terms of early recognition of illness. Although the child will not be able to recognize this as an adult would, we have started his becoming an active participant in life and in his self care, rather than a passive recipient of information about himself.

Activity is only the first part of this approach. In order to teach principles of self awareness, it is important that the teacher talks with the child about what he is feeling and experiencing. Discussion during or immediately following an activity is an integral part of the learning experience. As the child describes his feelings to others on his own level of understanding, the teacher must be alert to find out what he is getting out of an experience. She can then identify with his feelings, help him interpret them and clear up any erroneous ideas or misconceptions he may have in order to correctly channel his learning experiences. Talking about his feelings while he learns not only helps a child experience the joy of learning and solving problems, but also makes him aware of what a great person he is for doing it!

Another part of the child-centered approach is encouraging children to be creative. This means giving them the opportunity to express and use their ideas in their own, individual fashion. This is particularly suitable in health education for it is, as has been said, teaching children about themselves. Included in this curriculum are suggestions and directions for types of health education activities but the teacher can develop many others based on these models.

The first step in helping a child think creatively is opening his mind to the idea that it is something he *can do*. Children start out by going about this quite naturally. To them this is a new world and everything in it is "brand new!" By asking questions that challenge a child's imagination, the teacher helps him to express what he is feeling in various and original ways. The teacher should always offer a challenge to the child by asking for a little more thought, production or skill than the child has shown before.

The Group-Centered Approach

Here the teacher aims at providing experiences which involve interaction *between* children. The *group* makes observations and it becomes "the game" to provide answers. In playing the game the child learns rules and what is permissible in his relations with other children. In order to play the game correctly, group effort is required and the child learns about the value of cooperation.

"The game" is a natural group form which provides freedom for experiencing spontaneity and creativity. Any worthwhile game is highly social and has within it a problem that needs solving. Played properly, there is group agreement on the rules of the game and movement toward an objective. Growth and learning are natural results of game playing because the spontaneity involved releases the total person, physically, intellectually and intuitively.

The teacher's function in group-centered activities is to aid in the children's interaction. She may enter into the activity as a lesser participant, if at all, but at no time should she act authoritatively in the classical teacher role. Her presence should be only as someone who is there to assist but not direct. If a child requests help, the teacher should offer suggestions and provide feedback about the correctness of what he is doing. However, in commenting, she should never say that something is bad, but always encourage the child in a positive way by saying what is good, what is fine.

With no outside authority imposing itself upon the child, he can freely choose self-discipline and enter into the group with enthusiasm and trust. Having no one but himself to please, he can focus full energy on the group activity and thus learn what he is there to learn, creating and structuring his own world.

Problem solving games help clear the air of authoritarianism. They offer a process for greater penetration into the environment, for one problem leads to another. Excitement grows as each problem is solved and more challenging ones appear. Some competition is a natural part of every group activity and gives both the release and satisfaction necessary to keep the players interested.

A further word is given about an activity or technique in which both of these approaches can be used to good advantage. This is the technique of role playing.

Role Playing

Role playing is one of the basic activities in this health curriculum, as it can provide all of the experiences we are concerned with in both the child-centered and the group-centered approach.

All children love to pretend. Few enjoy spending much time being told about objects, events or people. They want to act upon these things, and they learn more from such real or almost real experiences than from simply being told about them.

If children are to get the most out of role-playing experiences, they must be guided and coached. Most children have never role-played for an audience before. Certainly they have played "house" or "cops and robbers" at home, but everyone played, no one just watched, and no one held a discussion period afterwards. The participation of the teacher will be a new experience for most children.

Coaching helps the players forget their shyness, or aggressions, and thus helps them concentrate on the experience of the moment. Coaching also helps the audience keep its concentration on the player. Many children will have thoughts to offer the class during the discussion time, if the teacher has helped everyone concentrate on solving the problem presented in the game.

Furthermore, the teacher must be another "player." She should join in, sitting or standing in the group, and encourage staff and visitors present in the room at the time to join too. This delights the children and puts them at ease. If the environment is open, the children will be.

Coaching should not be given in the form of questions like "How does the rain feel?" or the player will want to answer "Cool" and lose his concentration on the game. It should be in the form of statements—"See how the rain feels." "Show us how the rain feels."

The coaching suggestions accompanying each game are simply suggestions. They are, in fact, quite limited and must be expanded by the individual teacher as she sees what is or is not happening in a given game. Discussion ideas also are provided to give the teacher an idea of how an ideal experience could be shared in a follow-up talk session. Generally the children should be coached to share their ideas about what they saw the players experience, or what they themselves experienced during the game. The traditional who, what, where, why, how approach is fine.

Questions should never reflect the view of the teacher—"John liked walking in the mud, didn't he?"—but should be worded so a child will give his own reaction—"How did you feel about the mud, John?" "What did John do to show you how he felt walking in the mud?" In this way the child will come to know his body and how it responds and thus how to care for it.

Children should also be helped to appreciate the similarities and differences in human behavior they are seeing and experiencing. Let them discover that there is more than one way to do most things. ("Do you do it that way too?" "How do you do it?" "Is there another way?") This stimulates creative thinking, and the child will become aware, too, of the similiarities and differences of other children's bodies.

Any experience a child has during role-playing games is acceptable. It was "right" for him. There are no "wrongs." Every experience is possible and important for the child involved. This understanding sets the stage for openness, honesty and a free exchange of ideas—all vital to the learning experience.

Just as the children are encouraged to express themselves freely, we say to the teacher—"Anything goes."

In addition to this basic curriculum the accompanying items are provided as follows:

1. Ten puppets - Out of which each child picks one to be "Me" for use in storytelling and dramatic play.
2. A wall chart for measuring growth in height.
3. Five separate workbooks to go with each unit for each child. These books will become his permanent possessions, souvenirs of his health education with important records and creations of his own.
4. The following series of Handbooks for Parents to assist them in giving the necessary support for the success of the curriculum:
    1. COMMUNICATING With Your Child
    2. YOUR FAMILY, Its Importance to Your Child
    3. AMERICANS ALL
    4. Making It Easier at Home to KEFP HEALTHY
    5. Your GROWING CHILD
    6. COPING With Family Upsets
    7. Your Child's HEALTH FRIENDS
    8. SPECIFIC HEALTH CARE for Your Child

Spanish versions of the Parents' Handbooks also are available. These were translated by Mr. Ramon Levy, an experienced interpreter and bilingual broadcaster for the Voice of America.

Healthy, That's Me! Curriculum Outline

Unit 1
All About Me
Health Topics:
Mental Health, Personal Hygiene, Growth and Development, Sex Education

Unit 2
Me and My Folks
Health Topics:
Family Life, Interpersonal Relations, Self-Image, Cultural Heritage

Unit 3
Where I Live
Health Topics:
Accident Prevention, Environmental Safety, Health Resources, Home Life, Community

Unit 4
I'm Growing and Changing!
Health Topics:
Physical and Emotional Growth and Development, Growth and Development of Teeth, Nutrition, Physical Education, Perceptual-Motor Development, Development of Special Senses

Unit 5
Who Helps Me Take Care of My Health?
Health Topics:
Doctor-Patient Relations, Community Health Resources, Childhood Illness and Its Care

UNIT 1

ALL ABOUT ME →

Unit 1
All About Me

16 *Health Topics:*
Mental Health, Personal Hygiene, Growth and Development, Sex Education

"I'm glad I'm me! I'm special, look and see:
My feet can run and dance and walk,
My ears can hear, my mouth can talk,
My hands and arms can stretch out wide,
My face shows how I feel inside.

Healthy, that's me! And I'm going to be
Always taking care of me, so I can grow up happily."

A. **My Body**
Identification of Parts

B. **My Body**
Functions of Body Systems

C. **Who Am I? What Am I?**
(sex, race, ethnic group)

D. **The Real Me**
How I Feel Inside–think, solve problems, happy, sad, angry, afraid, lonely, etc.

Introduction

All children need to be introduced to concepts of the self and its care as early as possible and have them strengthened as a part of their daily lives. The child should be fascinated, first with the idea that this self is *unique* (I am the only me in all the world), and second that he will be who he is *all his life.* He will grow and change, depending on what happens to him and what he does with himself, but the base upon which he starts his growth will always be part of his total personality. How he sees himself, the way he perceives how others see him, and how he interacts with others and his environment is the foundation of this curriculum. This foundation must be firm and secure for the superstructure of self-care that will be added.

Head Start children particularly need strengthening of self-awareness and self-image toward pride and self-acceptance. Each child must be aided in discovering who he is and what he can do. His self-image will be nurtured and reinforced through his experiences and the development of good shared relationships. Thus, the goal of Head Start to build greater self-awareness, pride and self-esteem in the child will be the basis for his Health Education. The child will be so aware and so concerned about his value as a person that he will be motivated to take the best possible care of himself.

The growing infant gradually learns to distinguish himself from objects around him. He receives sensations not only from objects in his environment but also from his own body. The behavior of infants in discovering their bodies is well known. In the past, much of this early curiosity about the body has been discouraged by adults. This curiosity should instead be expanded and put to use as the child grows so that he may structure and direct his physical self in his mind. The object of this curriculum is to rekindle this early self-discovery by providing activities for the young child to perform with his body. The sensations he experiences are then coordinated with provocative questions to direct his attention to the existence, use, needs and values of the whole and parts of his body. This is the basic information covered in Unit I, "All About Me."

Basic Questions for Teacher Preparation

"All About Me"

A. My Body - Identification of Parts

B. My Body - Functions of Body Systems

What experiences contribute to a child's awareness of his body parts?

How can everyday activities be used to help him recognize how he uses his body?

What provocative questions can lead to discussion of the function, care and protection of the body?

C. Who Am I? What Am I?

How can children learn sex differences?

How can a child discover who he is and what he can do?

How are children different from each other? How are they the same?

D. The Real Me—How I Feel Inside

How can self image be nurtured and reinforced through relationships and experiences?

How can children learn the ways in which they express themselves?

Primary References

A. - B.

Book - *The Body* by Alan E. Nourse, M.D.; Life Science Library, Time and Life Building, Chicago, Illinois 60611.

Pictures - Teaching Pictures by Sylvia Tester. Published by David C. Cook Co., Elgin, Illinois 60120.

Prints - "What We Do Day by Day" Study prints published by National Dairy Council, Chicago, Illinois 60606.

Book - *Your Child Is A Person* by S. Thomas Chess and H. G. Birch. Published by Simon and Schuster, New York, 1965.

Book - *Child Development: The Emerging Self* by D. C. Dinkmeyer. Published by Prentice-Hall, Englewood Cliffs, New Jersey, 1963.

C.

Booklet - "A Story About You" by Marion O. Lerrigo, Ph.D., Helen Southard, M.A., Milton J.E. Senn, M.D., Medical Consultant, National Education Association, 1201 Sixteenth Street, N.W., Washington, D.C. 20036.

Booklet - "Facts Aren't Enough" by Marion O. Lerrigo, Ph.D., Helen Southard, M.A., Milton J.E. Senn, M.D. Prepared by Joint Committee on Health Problems of the National Education Association and the American Medical Association. Distributed by N.E.A., 1201 Sixteenth Street, N.W., Washington, D.C. 20036.

D.

Pamphlet - "Enhancing the Child's Feeling of Self" by Alice Keliher, American Association of Elementary-Kindergarten Nursery Education, N.E.A. Center, 1201 Sixteenth Street, N.W., Washington, D.C. 20036.

Pamphlet - "Thinking, Feeling, Experiencing: Toward Realization of Full Potential" by Margaret S. Woods. American Association of Elementary-Kindergarten Nursery Education, N.E.A. Center, 1201 Sixteenth Street, N.W., Washington, D.C. 20036.

Leaflet - "What Every Child Needs" Published by National Association for Mental Health, Inc., 10 Columbus Circle, New York, N.Y. 10019.

Leaflets - "The Only Child," Child Training Leaflets, Mental Health Materials Center, Inc., 419 Park Avenue South, New York, N.Y. 10019

Background Material for Teachers

The preschool program is structured so that the teacher guides each child in all aspects of the school environment that affect his mental, social, emotional and physical health. The child explores his body parts and discovers that with proper care and protection he has the capacity and ability to function in a state of well-being, making use of his unique talents in order to cope creatively with his surroundings. He accepts himself as a "Special Me" and establishes good relationships with his peers and with members of his family. In this curriculum the child is emphasized and the activity de-emphasized so he will become aware of his self-image. The following topics should be covered:

A. **My Body** - Identification of Parts

1. Learning the universal vocabulary
2. Distinguishing between family pet names for body parts and those to be used wherever one is at any age

B. **My Body** - Functions of Body Systems

1. Mouth-Teeth (Digestion)
2. Nose-Mouth-Posture (Respiration)
3. Organs of Elimination
4. Circulatory System (Circulation)

C. Who Am I? What Am I?

1. Childern are normaly curious about sex differences. To increase respect for the body, the genital parts need to be described accurately. Without being judgmental, baby terms, slang and "dirty words" should be discouraged. Questions should be answered with the proper anatomical terms so that children begin early to accept and use them. Children should be encouraged to substitute accurate words for "baby terms" or slang whenever they are used in conversing with each other or with the teacher.

2. Parts of the body such as penis, labia, buttocks and breasts can be referred to correctly in as natural a manner as mouth, lips, eyes and ears. The teacher who at first may feel slightly uncomfortable using the correct terminology will find that such usage becomes natural and comfortable with practice and experience.

3. The concept that certain parts of the body are private but not shameful should be taught. Children may or may not go to separate bathrooms ("boys" and "girls"). In any case, the wish for privacy is a normal desire and something to be respected. Too often, in trying to develop an attitude of respect for privacy, the incorrect impression is given that this is due to shame for the parts of the body that will be exposed.

4. Children need to learn appropriate behavior in the bathroom and need help in learning to go in groups as opposed to going alone at home. The habit of washing hands after using the toilet and before eating should be developed and reinforced.

D. The Real Me - How I Feel Inside

It is quite normal for children to show their emotions. These are in many ways the same as those which adults feel and show. Actually it is from adults whom they watch and feel close to that these feelings are learned. Adults are both good and bad models to children. Some of these emotions are positive and happy such as love, joy, surprise, etc., and others unhappy such as fear, grief, anger and loneliness, but all are part of each of us. It is important to remember that emotions have to find expression in order for a person to remain mentally healthy. It is when they are bottled up that problems develop. When not permitted to come out in the natural and normal way, emotions will surface in some other way–perhaps less obviously but in ways which may hurt either the individual himself or others more than the simple expression would have. The young child needs help in channeling his emotions and finding acceptable ways of expressing them–to make them work for him, rather than against him.

While the teacher should try to find out what is causing a particular emotional reaction, this may not always be possible. Children may not be able to express themselves adequately in words to explain what triggered a feeling. Sometimes the reasons will be obvious; at other times they may be unexpected or illogical from an adult standpoint but very real to the child. It may be due to a misunderstanding or lack of sufficient knowledge on the child's part, which can be cleared up by the teacher; it may be a way of reacting he has learned from others (fears); or it may be the only way he has to tell us how he feels—we haven't observed or listened adequately. The teacher (aide, volunteer) must be able to understand the child's position if she is to gain his confidence and trust. Only in this way will she be able to help him express his feelings and find ways of dealing with them. What is least helpful to the child is to deny that he has an emotion or the right to express it, or that it is unjustified without adequate examination. Dramatic play will be useful in simulating various emotion-producing situations and acting out solutions and various outcomes in order to find useful ways of handling emotions.

Another aspect of emotional development is to help children recognize, understand and be tolerant of the emotional reactions of those around them—both children and adults. The preschool teacher also has to be alert to protect children from one another. For example, let an angry child pound a punching bag rather than another child, preventing the emotion of one child—fear, crying, grief—from spreading to all the children. She should teach by her own daily example—personal behavior and helpful responses to one child's anger, grief, fear, as well as joy, love, etc.

Recognizing and permitting expression of emotions should not be mistaken for sanctioning overindulgence in emotional outbursts. The young preschooler, just emerging from babyhood and his tempestuous screams to get what is wanted, can be greatly helped if his parents and the teacher are alert to his need for expression before it reaches the high, explosive point characteristic of the infant who is unable to adequately express his feelings by other means. Therefore, the wise teacher with a firm, yet gentle and warm approach to a child's feelings can prevent severe outbursts that might disrupt the entire group and develop bad habits for the child.

Emotionally disturbed children can be given some help from an understanding teacher, but the teacher may need other specially trained persons to deal adequately with serious problems. This may be done through recourse to the nurse, psychologist or psychiatrist on your staff or a hospital or clinic where relationships have been established. Part of the job will also involve the parents, for such problems may arise out of situations in the home. In severe cases the teacher should not attempt to handle the problem without expert guidance from a professional.

Also see Unit IV - "I'm Growing and Changing", and Head Start Rainbow Series Booklet No. 12,"Psychologist For a Child Development Center."

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Activities		Games	
A1	A5	G1	G5
A2	A6	G2	G6
A3	A7	G3	G7
A4	A8	G4	G8

Classroom Activities

A1 **A. My Body - Outside**

1. Identify parts
2. Look into a full-length mirror and identify parts of self
3. Choose a partner and identify parts (hair, face, mouth, teeth, arms, etc.)
4. Discuss and share how each part helps the whole and how they are interdependent

A2 **B. My Body - Inside**

1. Bones - standing, sitting, lifting, on toes, on all fours
2. Muscles - compare muscles of 3-4 year old with adolescent and adult; bring pictures of family members, pictures from magazines
3. Heart and Blood
   - a. Listen to heart, pulse
   - b. Check heart rate before and after running in place
4. Respiration - lungs, breathing
   - a. Games involving breathing through mouth, nose
   - b. Discuss breathing fresh air and polluted air and differences

A3 **C. My Body is Useful, Good and Beautiful**

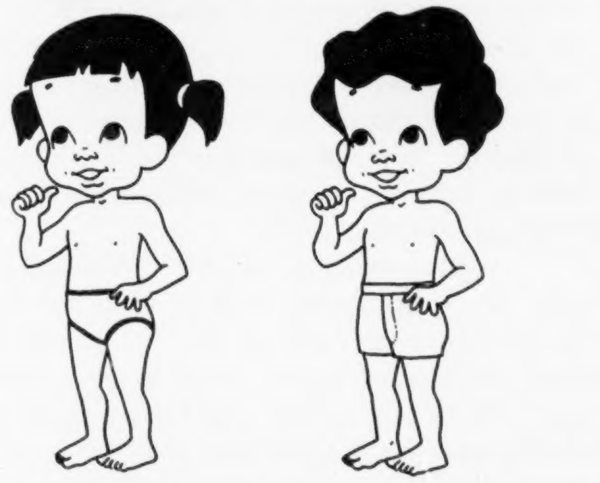
1. Children's Workbook No. 1.
2. Walking, running, smiling, talking, sharing, singing, winking, hopping, etc.

A4 **D. My Body and Self Are Special**

1. Drawing and identifying self. Trace outline of body on paper, cut out and fill in face, clothes and other features. Display outlines in room.
2. Each body has something nice–eyes, nose, hands, fingers, shape. Children can tell each other what they like about themselves and others.

A5 **E. What Am I?**

1. Race
   - a. Discuss the races of the children in your class, unit or group and bring out something positive about each (see Unit II).
   - b. Where children in class are different colors, have them compare complexions by matching hands. Show that "white" is not really white because of shade differences. Also, Indians are not "red" and black people are not "black."
2. Sex - Boys and girls have similarities and differences
   - a. Similar body parts–names
   - b. Different body parts–names



3. Similarities and differences between people
   - a. Growth
   - b. Emotions–love, anger, fear, jealousy, hunger, satisfaction
   - c. Differences in hair (curly, straight, wavy), skin textures
   - d. Shape of bodies
   - e. Size, height, weight
4. Large group activities
   - a. Poem about five senses
   - b. Finger play - "five little fingers"
   - c. Happy Birthday celebrations
   - d. What is your name record, "Como Se Llama"
   - e. How am I different?

A6 **F. The Real Me**

1. Drawing faces of moods
2. Showing pictures of emotional expressions
3. All feelings are real and acceptable
4. Role playing showing causes for different feelings and what happens after

Suggested Projects

A7 A child sketches a drawing of himself with grease pencil on an overhead projector acetate roll. "Work up" a scroll along with the transparency sketch which would show and tell "Who I Am" and "What I Am" - sex, boy or girl; race, color; ethnic group, dress. As you roll the acetate roll, question children to elicit proper responses.

A8 The teacher and pupils plan a "Special Me" day inviting the parents to visit the school on this day. The teacher lists what each child plans to do on this day–my pet, special collection, original poem or rhyme, dance, rope jumping routine, painting, drawing. The teacher suggests ways to be helpful in working with individual projects and group projects. Parents share ways in which they can be helpful at home for the child's project.

Games

G1 *Feeling My Body*

This game should help the child sense how his body functions as a whole made up of many individual parts. It should be played twice –during a restful time and after physical activity.

Rules:

Starting with the toes and foot, the teacher guides the children in concentrating on and using parts of the body.

Example:

The children sit in chairs. To guide, the teacher says: "Feel your toes against your shoes, against your socks. Wiggle them. Feel the little bones move. Feel the skin move. Concentrate on your toe nails. Feel them against the skin behind them. Feel your whole foot in its sock, in its shoe. Feel your legs in your pants (stockings, tights, etc.). Feel your knees against your pants. Move your legs so that the knees bend. Feel the joints move."

G2 *What's My Name? Who Knows Me?*

Our voices are different; we can be recognized by them.

Rules:

One child is blindfolded. The teacher points to another child who comes before the blindfolded child and says in his natural voice "Who am I, (name of blindfolded)? Who am I?" The blindfolded child may guess three times. The child whose identity is being discovered is blindfolded next.

G3 *Mirror*

The children observe how the body works and feel it working. During the discussion they discuss why and how we use the body for different activities.

Rules:

First, a real mirror should be used so that the children may see their reflections in action. If a child has trouble doing more than make faces at his "mirror," the teacher should coach him to get ready for a definite event: "dress for bedtime," "dress for a party," etc. After the children have observed their bodies moving in a real mirror, two children face each other and one child reflects the other's motions as a mirror would, i.e., the child playing the mirror will use the opposite side of his body as he faces the child looking at the "mirror". During the discussion afterward the concept of left and right may be taught.

G4 *Talking Body*

The teacher indicates to a child that he should show the class how he would use his hand to say "stop"; how he would use his head for "yes"; shoulder for "I bumped the door"; eyes, "I don't understand"; foot, "I'm waiting"; ear, "I hear something"; waist, "I'm dancing"; finger, "come here"; nose, "I smell something rotten"; legs, "I'm slipping" and so on.

Discussion:

How do parts of your body communicate or show how you feel or think? How does your nose show that you have a cold? Your chest? How does your finger show that it has been cut?

G5 *Storyball - What I Did Last Night*

The children learn about people and their feelings as they make up stories. The stories will have autobiographic events of several children, or events that children wish would happen.

Rules:

The teacher begins a story; later a child will be eager to take over the teacher's role. The storyteller holds a ball while he tells his part of the story and then passes it to another child upon signal or when the class chooses.

G6 *Move It Without Your Hands*

Experiencing the use of one's hands by having to do without them.

Rules:

Push a large object across the room without using hands.

Example:

A child pushes a table across the room in any way he can without using his hands. The teacher may coach him to find different ways to experiment, "Use your back muscles, try to find a way to use your legs."

Discussion:

What parts of your body are strong? How can you tell? Can some parts of the body be stronger than others? Why are some people weak in their arms, legs, etc.? How can you become stronger?

G7 *Move It Without Your Feet*

Experiencing the use of one's feet by having to do without using them.

Rules:

Go across the room without using feet.

Example:

A child moves across the room in any way he can without using his feet. The teacher may coach him to find different ways to experiment. "Use your back muscles," "Try to find a way to use your hands and arms."

Discussion:

Same as "Move It Without Your Hands."

G8 *Talking Body (Emotions)*

Rules:

The following parts of the body are used to show emotions. Only the part indicated can be used.

> Hands and arms only–children may touch one another, but cannot say anything nor use facial expressions or body postures to express emotions such as surprise, anger, joy, love, fear.
>
> Head–facial expression, head position and movement and nonverbal sounds: growl, scream, grunt, laugh, hum, etc., but no words.
>
> Whole body–involve the whole body, posture, movement, dancing, hopping, running, etc., but not the voice.

Some emotions that can be used: Love, Joy, Anger, Fear, Shyness, Hate, Hope, Surprise, Loneliness, etc.

Discussion:

Have you seen someone do this? Have you done it? Does the body have ways of telling others how we are feeling? Let's watch for this, and tell me when you see someone telling us how they feel with their body.

Variations:

After children begin to be more aware of this kind of "body language" it can be played in different ways. Examples:

1. Let one child express an emotion and the rest of the class guess what the emotion is.
2. Pair off in partners, and let one child imitate the other and then tell what he felt.
3. Organize the class in a circle and let each child take his turn "passing" the emotion to the child next to him.

These can be done by (a) using the same body part; (b) using another body part chosen and called out by the teacher or chosen by a child; (c) using several body parts in sequence or simultaneously. NEVER PERMIT USE OF THE VOICE OR TALKING.

Song Games Teaching Body Parts

Hands on my shoulders, and what's this right here?
This is my hair, my teacher dear.
Hair, hair, you have it too.
That's what I learn in school.

(NOTE: This ditty is repeated while pointing out various body parts: forehead, eyes, cheeks, nose, mouth, ears, tongue, teeth, chin, neck, arms, elbows, wrist, hands, fingers, nails, chest, stomach, navel, thighs, knees, legs, ankles, feet)

* * * * * * * *

You put your head in
You take your head out
You put your head in,
And you shake it all about.
Then you do the hokey pokey
and turn yourself around.
That's what it's all about.

(NOTE: This ditty is also repeated while pointing out various body parts. It also teaches right from left: chin, ear, shoulder, right hand, left hand, stomach, right leg, left leg, right foot, left foot)

Song to Express Emotions

*If you're happy and you know it**
Show us now
If you're happy and you know it show us now
If you're happy and you know it
You must find a way to show it
If you're happy and you know it show us now.
*(If you're happy, sad, angry, afraid, etc.)

UNIT 2

ME AND MY FOLKS

Unit 2
Me and My Folks

Health Topics:
Family Life, Interpersonal Relations, Self-Image, Cultural Heritage

"I'm glad I'm me! I have a family.
We help each other when we're sad.
We might get mad, we're often glad.
We make up a country, strong and free.
Americans all, we're proud to be.
Healthy, that's me! And I'm going to be
Always taking care of me, so I can grow up happily".

A. My Family
  1. Family Members
  2. Other Families
  3. Relatives
  4. Family Roles
  5. The New Baby
  6. What Families Share

B. Americans All
  1. My People
  2. Other People

Introduction

The family is basic to the physical and emotional development and the overall good health of the infant and preschool child. Some children may come from families judged by middleclass standards as incomplete, weak, or unstable. If we are concerned with creating self-awareness and augmenting a child's self-image, he must develop pride in his family as well as himself, because his identity is tied in with his family. He may feel that he is a small, weak, dependent creature in a strange new world, but he soon learns that he gains his strength, support and security from his family. However the world may view the makeup of his family, it is the most important social unit for him and his future development. Dr. Patricia Schiller, marriage counselor and psychologist, says:

> "*. . . what we stress is that there is no such thing as an ideal family. What is most important is that you accept each family as you find it. You help the children develop pride in their family and in their relationships with each other. Whether an uncle or the paramour acts as a father-surrogate or whether grandmother takes on the mother role doesn't matter, as long as the child feels that he is not a second-class citizen because he has a broken family. All families are good provided its members love each other, are concerned with each other, do for each other, respect each other, and try to grow together."**

Children today come from many different cultures and peoples who are all Americans now. All child development programs represent a wonderful opportunity for children to get to know one another, if not personally, at least by pictures and stories. Some of the more numerous groups are: children from European background families; American Indians, called by some the "First Americans"; Black Americans, the largest minority group in our country; Puerto Ricans, who have been American citizens since 1917; Mexican-Americans, whose land was bought by the United States from Mexico in 1848. There also are descendants of the original settlers who came to America–the pioneer stock, as found in Appalachia. In addition, there are other smaller groups in various localities such as Eskimos, Japanese and Chinese Americans.

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*Speech given at "Healthy, That's Me!" Workshop, March 20, 1970, Hotel Ambassador, Washington, D.C.

The purpose of this section is to help each child develop pride in his heritage and respect for all groups in America. The unique feature of American society is that it is made up of many people with diverse backgrounds. All have made contributions to the growth of America and most have joined the "melting pot" of mainstream American life and are considered "Americans." Others, due to various disadvantages, are still on the sidelines, still considered separate minorities, held back by ignorance and poverty. Early child development programs offer a way out, a way up, for the new generation born into these disadvantaged homes. Some of every group have become successful in mainstream American life, but large masses of these groups have a sense of inferiority handed down from one generation to another, which perpetuates their separation and isolation. They cling together in pockets of poverty, developing a kind of group solidarity and often having a fierce pride in their differences. Sometimes this solidarity prevents or hinders their progress and can be used to keep them separate.

If we are to help prevent further separatism in our society, it is of great importance that each child develop a healthy pride in who he is and what his people have contributed to America and the world. He also should learn respect for other minorities and what the role of each has been and can be in building a strong society. All of this will lead him to greater self-understanding and self-pride. The final objective will be brought closer as there will be a reason to preserve his health and well-being. The Health Education program is designed to teach him how.

Basic Questions for Teacher Preparation

A. My Family - Me as a Member of a Family 27

How do you encourage love, respect and toleration for members of the family?

What family roles do father, mother, relatives and ancestors play in meeting the needs of the child?

What kind of things or activities do members of a family do for each other or together?

What responsibility does the family assume for habit training, guidance and supervision?

What questions can be asked that will show family harmony or conflict?

How do we develop habits that help us and others?

B. Americans All

What other children and families are in the child development program?

How can children be introduced to the cultures of other American children?

How can they be made proud of and happy with all the children of America?

Primary References

A.

Pamphlet - "Family Life and Sex Education" by Helen Manley. American Association of Elementary-Kindergarten Nursery Education; National Education Association, 1201 Sixteenth Street, N.W., Washington, D.C. 20036.

Book and Record - "Father Is Big". Written by Ruth and Ed Radlaner, photographed by Harvey Mandlin Bowmar. Early Childhood Series, Bowmar Publishing Corp., Glendale, California.

B1. American Indian

Book - *"Bury My Heart at Wounded Knee"*, An Indian History of American West, by Dee Brown. Published by Holt, Rinehart and Winston, Inc., 383 Madison Avenue, New York, New York, 10017.

Booklet - *"Indian and Eskimo Children"*. Published by U.S. Department of the Interior, Bureau of Indian Affairs. For sale through Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

B2. Black American

Book - *"The Negro Almanac"* by Harry A. Ploski, Ph.D. and Roscoe E. Brown, Jr., Ph.D., New York University. Published by Bellwether Publishing Company, Inc., 167 East 67th Street, New York, New York, 10021.

Study Guide - *"Reading Exercises in Negro History"* by Fred B. Chernow and Carol Chernow. Published by the Continental Press, Inc., Elizabeth, Pa., 17022.

B3. Puerto Rican

Booklet "Puerto Rican Migration: The Impact of Future Relations", United States - Puerto Rico Relations, by Joseph Monserrat. Published by Commonwealth of Puerto Rico, Department of Labor, Migration Division, 322 West 45th Street, New York, N.Y., 10036.

Book - *"La Vida"* (Puerto Rican) by Oscar Lewis. Published in Canada by Random House of Canada, Ltd., Alfred A. Knopf, Inc., Toronto, Canada.

B4. Mexican-American

A Handbook for Educators - *"Mexican-Americans"* by Jack D. Forbes. Published by Educational Systems Corporations, Suite 502, 1717 Massachusetts Avenue, N.W., Washington, D.C., 20036.

Booklet - *"Catorce Personas Lindas"* (Fourteen Beautiful People) by Joan Doviak. Edited by Arturo Palacios and Illustrations by Susan Barnes. Published by Educational Systems Corporation, Suite 301, 1211 Connecticut Avenue, N.W., Washington, D.C., 20036.

B5. Non-Ethnic, White Americans

Book - *"Yesterday's People"* (Life in Contemporary Appalachia) by Jack E. Weller, Published by the University of Kentucky Press, Lexington, Kentucky.

For further information about the American Indian contact:

Department of the Interior, Bureau of Indian Affairs, 915 Constitution Avenue, N.W., Washington, D.C. 20036.

For more information about Spanish-speaking Americans contact:

Cabinet Committee on Opportunity for the Spanish-speaking, 1800 G Street, N.W., Washington, D.C. 20506.

For more information about the Puerto Rican contact:

The Commonwealth of Puerto Rico, 2210 R Street, N.W., Washington, D.C.

Background Material for Teachers

A. My Family - Me as a Member

A child's relationship with his family is an important part of his self-development and affects his extended experiences with others. The purpose of this section is to make each child happy about, proud and appreciative of his own family and to realize what a wonderful thing it is to have a family, whatever its makeup. He should learn that although every family is made up of different combinations of people every one is dear to its members and each member is important to the family and has a certain role. Each child should regard his own family as special and know that it is different from any other family. He also will learn that as the individuals grow and change so does the family–new members join, others leave for various reasons.

Some children may have only one parent; some no brothers and sisters. The children with only one parent may need help in understanding or adjusting to the increased responsibilities for his one parent. In the case of the only child, he can learn how other children (e.g., cousins or friends) can be like brothers and sisters.

Children who are missing one or both parents may have a substitute parent to whom they can relate in developing an understanding of family roles. All the staff and volunteers in the class room can be called upon to help fill these needs for specific children. This is especially true for male teachers and helpers, craftsmen, handymen, drivers, deliverymen–all can fill the void of a warm, friendly man. How an individual is evaluated in the adult world in terms of education and occupation does not enter here–it is just the person-to-person relationship with the child that is important.

Suggested topics for discussion and basis for various activities (artwork in child's workbook, role playing, puppetry, etc.):

1. Child's Family
   Description of each child's family members (age, sex, relationship)
   Who is the head of the house?
   What kinds of things does each member do to help the family?
   How do family members cooperate?
   How do they show love, acceptance and encouragement?

2. Other Families
   How are families different?
   How are they alike?
   How do families grow and change?
   How are animal families like human families?

3. Small Families as part of larger families
   Families have branches (grandparents, aunts, uncles, cousins, etc.)
   Relatives share things–births, deaths, birthdays, holidays
   Relatives cooperate, assist each other
   Share emotions–joy, sorrow, love, anger
   Emotions can be expressed between family members without shame or anxiety

4. Family Roles

In the past, family social roles have been based primarily on sex. The woman has been the homemaker, the man the home provider. These roles were a by-product of the time when the male's physical strength was required for acquiring and protecting the home site, and a woman's time was entirely taken up with caring for the home and children. The major focus of everyday life in past times was sheer survival. Living is easier now and has much more to offer. Men are no longer the sole providers of families; modern conveniences have enabled women to work outside the home, and 50 percent of the married women in the U.S. have joined the working force, either out of necessity or because they want to use their talents to make contributions to society. Even so, these old attitudes of male and female roles not only have persisted, but they have grown and become enshrined in a host of values and ideals accepted as inherent parts of being male and female. Today many people are questioning the wisdom and validity of these concepts.

We must look beyond today to future tommorrows which will be the world of our young charges of today. Our aim is to ensure the health of each child to physically and emotionally shoulder his responsibility and make contributions to the best of his individual ability. Rather than attempting to assign or perpetuate set roles based on sex alone, the attempt will be to permit each child to follow his interests and develop himself according to his individual strengths (and weaknesses) to contribute to family life as discussed above.

The aim of this curriculum, as previously stated, is to develop self-pride in each child so that he is happy to be a boy or a girl; i.e., pride in his sex as a basic and important part of his identity that makes him what and who he is as a part of a family.

The family roles that follow, therefore, will be described functionally, rather than by sex (mother and father); e.g., "Homemaker" and "Home Provider." In today's world one parent often must assume both roles. This places a tremendous burden on that person, and others who are more fortunate should make every attempt to offer assistance to these single parents and their children, rather than in any sense condemn their situation.

Both the mother and the father have important parts to play in the development of the child. Motherhood traditionally in all cultures has been highly valued–it is the woman who labors and gives life to a child, is close to the young infant, thought to have a "mother instinct" and expected to display tender emotions of love, devotion, sacrifice, etc. Fatherhood, too, makes an important contribution in the family. Men have a deep need and desire for parenthood, but unfortunately our Western culture does not particularly encourage or give any special recognition to fatherly love, affection and tenderness. Children growing up in homes without fathers tend to become overattached and overly dependent on the mother, have more difficulty in their relationships with other children, and may feel inferior and insecure. Some of these children react as if they feel personally responsible for their father's absence. The father's presence and ability to be both strong and tender seems to be very important in helping children of both sexes understand male-female relationships.

While society in general has placed less emphasis on fathering at all levels of American life, the father in many families may have a difficult time just being a "man" by his own standards in the world of work, the world of other men, in which a man can create and give life to *ideas,* as well as fulfill his protective and supportive responsibilities. The father may not have the means to provide for his family as he would like, his job may be demeaning or dull, and he may see fatherhood as an added burden and more responsibility than he can handle. He would rather just disappear than be seen as a failure, and he sometimes does. The instructing staff can offer help here on two levels. First, in working with adults and parents to point out the worth and need of the father to a family, not only as a breadwinner but also as a person vitally important to his children's emotional development.. Second, with little boys, by letting them learn a father's role through role playing father at his job and at home, not reserving housekeeping and affection exclusively for the girls, but by pointing out ways in which fathers help at home.

In each section of the country, in each neighborhood and community, in each ethnic group, there will be local patterns which will help guide the teacher in developing material for teaching roles in family life.

Listed below are the usual role characteristics for an "average" family and culture. Individual families may allocate functions to meet their specific needs (see page   of curriculum).

a. Homemaker (or substitute)
Main function to transmit values, norms and cultural patterns
    Cares for children (nursing, feeding, bathing, clothing, etc.)
    Cares for home (cooking, cleaning, decorating, etc.)
    Gives love, affection, supervision, encouragement
    Disciplines, shares in development of habits
    May assist with support of family by working outside home
    May handle money necessary for family welfare (buying food, clothing, etc.)
    Shares in recreation, education of children

b. Home Provider
Main function to provide psychological and social protection and support
    Wage earner
    Concerned with family budget
    Contributes to decisions
    Gives love, affection, emotional support to family
    Shares in discipline, and development of habits
    Shares in recreation, education of children

c. Specific male roles in family
    Authority figure
    Male figure for boys to identify with
    Masculine model for girls
    Companion to wife

d. Specific female roles in family
    Model for girls to identify with
    Feminine model for boys
    Companion to husband

e. Siblings
    Share responsibilities of home (household chores, errands, etc.)
    Give and receive affection
    Older siblings are models for younger ones
    Provide opportunities for cooperating and sharing, and playmate association

5. The New Baby

This is an important event for the family including the preschooler. A teacher can use the child's natural interest in babies to foster positive attitudes toward the addition to the family. A child who understands and feels secure in his family role will be better able to accept and appreciate a new brother or sister and the changing situation in family life.

Children are sometimes told "You must love your sister or brother." This frequently produces guilt feelings and rejection of the newborn. Children should be respected for their feelings whether they are positive or negative. Teachers can help them to cope with all sorts of feelings.

6. What Families Share
    Home (shelter)
    Food
    Clothing
    Celebrations (birthdays, anniversaries, holidays)
    Recreation (games, picnics, entertainment)
    Love, acceptance, respect, trust
    Joys (happy times)
    Sorrows (death and other crisis situations)
    Each other - "We take pride in each other and our accomplishments"
    Community activities (the family is part of a community and culture)

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Activities		Games	
A9	A12	G 9	G12
A10	A13	G10	G14
A11	A14	G11	

B. Americans All

My People

After his family, a child identifies with the racial or cultural group to which he belongs. In many ways his life has been patterned by the traditions and values of that group. His understanding and appreciation of his heritage and the accomplishments of his people is an important part of his self-image and self-pride. Many children come from minority groups which have not been completely assimilated into American life, and they will undoubtedly encounter more obstacles than the majority of Americans in pursuing their success goals. A positive attitude about his group identity will make it easier for a child to face these obstacles. If a child knows who he is, he can accept other people without feelings of insecurity or inferiority. He needs to know about the achievements of some of his people whon he can then look to as his "heroes" to inspire and motivate all the potential in him

The following pages of this section contain general reference material covering the largest minority groups including a brief list of outstanding personalities. Because this was prepared for nationwide use, it was not possible to cover every child, but it will give teachers a starting point for teaching children about their ethnic backgrounds. If there are children in your program not mentioned here, do the same thing for them, particularly if there is just one child or a very few who might feel left out or "not as good" as the others. This will help them appreciate themselves more and give the other children the pleasure of learning about other groups. The following are suggested areas for discussion:

Pride in being part of a group
History of my people
Special events
Art
Music and dance
Physical appearance
Food
Clothing
Language, dialect, special idioms
Contribution and heritage in America
Our heroes - drawings and pictures
Activities: A15 - A18

Other People

After discussing the ethnic backgrounds of the children in class, this material may be used as a reference for teaching about all the other groups in America to show how people from various ethnic groups have contributed. Children can learn how other Americans are different from them, but that we are all Americans working together. Differences in geographical location, language, family structure, work and play can be discussed and related to the children in class or people they know.

The same topics that were developed about the child's family and people can be taken up for each of the other groups. The children can be helped to see the similarities of all people and the different and interesting ways of doing the same things in terms of food, clothing, ornamentation, games, toys, house styles, etc. This can help prepare children mentally to accept differences in people, rather than seeing them as strange, "queer" and/or people to be afraid of because they are unknown. This will greatly enhance the mental health of all who become involved in this program.

1. *American Indian*

The American Indians are truly our "First Americans" for they were here before there was an "America." This was all their land and they moved about freely on it. They belonged to different tribes and/or nations, sometimes raiding and warring with one another, but this was nothing like the massive invasion and distruction by the white man. How the Indian lost his freedom, his land, and his civilization is a sad, sad tale of which most Americans of today only know the fragments.

The symbolic end of Indian freedom came at Wounded Knee in December 1890. Prior to that time, there were many brave Indians who fought for and defended their people. Names thus remembered by the Indian people would include: Manuelito, Red Cloud, Roman Nose, Crazy Horse, Sitting Bull, and Geronimo–to name but a few. Some of these names may be familiar to other Americans, while others are known and remembered only by their own people. Their brave efforts to protect their fellow-men have been recorded and should be heard as told by the Indians themselves. Further information about them can be found in the primary reference cited for this section, and related to Indian children.

The Indians were gradually conquered and placed on lands reserved for their use - sometimes far removed from their original home areas. In 1860 there were about 300,000 Indians living in the United States. Their numbers by that time had been reduced to one half to two-thirds since the arrival of the first settlers in Virginia and New England. As the settlers moved Westward across their lands, their numbers were reduced even further. Under various treaties they were all on reservations assigned to them by the U.S. Government by 1890. In the intervening years, some have returned to their own lands, which sometimes was purchased back by the Indians. Indian children should learn of the brave deeds of their forefathers. That terrible period in our history is in the past now and cannot be undone. However Indian children can look forward to a brighter future in an age in which freindship and respect for all peoples must come.

The Indian population today is between 560,000 and 700,000 and is growing. More and more Indians are living off of the reservations - at least for varying periods of time, although they still feel happier when with their own people. As the earlier white men had broken so many promises to him, some Indians are not yet sure of their fate in living among them and adopting their ways. Although large numbers are still living on their own lands today, many reside in urban centers all over the country. Arizona has the largest Indian population of 84,000. Three hundred different tribes live in 28 of our states today. The largest tribe is the Navajo with a population of 199,500 in a territory covering three states, Arizona, New Mexico and Utah covering fourteen million acres. The smallest tribes are the Hob with a population of 40 and the Shoolwater with 20.

Data from the Bureau of Indian Affairs shows that there are at least 35 urban centers in the United States with Indian populations of over 1,000. These include Los Angeles county with 18,000; Tulsa, Oklahoma with 15,000; and the Twin Cities in Minnesota with 13,000. Not all of these cities are in the West however. Also included is New York with 5,000, Buffalo with 5,300, Chicago with 10,000, Detroit with 2,200 and Philadelphia with 1,600.

The childhood game of *Cowboys and Indians* and the Hollywood Western movies depicting Indian attacks tells the White man's story of his westward migration through Indian lands. Children can learn that for the most part the Indians are peaceful harmonious peoples and gave much assistance to the early colonists, without which these settlers could not have survived. This can be recalled in stories of the First Thanksgiving, Hiawatha, Pocahantas, and the Lewis and Clark expedition. The Indians also befriended many enslaved Black people. The image of the Indian today is still a distorted one. As one of their spokesman put it: "Indian children see themselves projected on the mass media as a mystical, feather-wearing, gun-toting, dancing, horse-riding and whooping being who once resided on the North American continent but disappeared with the advent of "civilization" . . . Indians are real, here today and exist!" Children should receive a more realistic picture of American Indian life. Teachers and administrators in contact with Indian people in their locality can solicit stories from the older people who may remember tales handed down to them from earlier generations to illustrate the strength, dignity and compassion of their people.

It is difficult to generalize about Indians for they were actually different nations of peoples, much as the different countries of Europe. Each had its own language, culture, and life styles - some more complex and highly developed than others. Present day Indians still have a basically different outlook on life and the world. In general they see all forms of life and nature interrelated and supporting one another rather than competing with each other. Indians thus might be considered our first and oldest ecologists as most of their cultural traditions center around *Harmony with Nature.* Their cultures are based on money and material possessions and trying to be better than the next person, but rather on accepting others and be accepted by them as equals. It should not be imagined, however, that their cultures have been maintained intact. Though Indians are frequently glamourized as free peoples living happily with nature, the sad truth today is that most are living on a subsistence level of poverty. They have been stripped of their basic means of existence for their way of life - the buffalo principally and their sacred lands.

The Indian philosophy of living was summed up by Dr. Lionel deMontigny, a Chippawa, in a paper prepared for the recent White House Conference on Children, in this way: "Indian people think in terms of the intricate ways things are related and linked together in cooperative relationships, rather than in terms of conflicts as do Euro-Americans. Things begin and end in a cycle or circle. The earth and heavenly bodies are round from all sides. Life, death, seasons, animals, plants and the seas follow cycles that are inseparably linked to each other. Each has a function on the earth as related to the others. The devine power or force that keeps each in existence is referred to in the English language as "spirit". . . Spirits are also inseparably linked to each other and are interdependent. In life the human body is dependent upon other life forms for continuous existence. Each person performs a vital role on the earth and has further responsibility to see that other life forms and other persons are permitted to perform their vital role. . . . When the people and the earth are separated and no longer united in the common vital bond, there is death. Thus, each person born is vital to himself, to others, to the community, to the earth, to all forms of life and to God."

The Bureau of Indian Affairs of the Department of Interior now has the responsibility to assist Indians in their interaction with mainstream American life. It has had the responsibility for their education in the ways of mainstream American life today. At the age of six, Indian children were taken to B.I.A. boarding schools for their elementary education. The schools attempt to introduce the present American way of life to these children. However, in these first years away from home the Indian child often spends so much time and energy trying to adjust to his new environment and its unfamiliar values that he misses much learning. This is an educational setback which may never be overcome and probably contributes to the high drop out rates seen later. Child development programs may help bridge this gap.

After elementary school, there is high school and vocational school - all of which are boarding schools in which the child is still separated from his family. However, more recently, not all of these schools are boarding schools. Some of the vocational schools have been set up by industry to help alleviate their manpower shortages where skilled labor is needed. Two such schools are the Madera Employment Training Center in Madera, California and the Roswell Employment Training Center, Roswell, New Mexico. Nearly 50 colleges and universities in seven Northwestern states offer training and technical assistance to American Indians. However, because of the cultural adjustments which must be made, many Indians never reach college, or even high school.

Change however is beginning to come about in the Indians adoption to what we now call the American Way of life. Two examples are cited, although there are many others which could be mentioned. One is in the Navajo community where progress is being made by the work of young members who are trying to help their own people. Navajo volunteers working with VISTA members refer to themselves as "Dine Ahilnadaalnish"–DAI for short–which in Navajo means "The People Standing Together." They can communicate better than outsiders with their fellow tribesmen. This may be one of the best ways to bring about change.

Another example of Indians working to solve their own problems is found in the Penobscot tribe in Maine. They took over facilities that had been abandoned from a government project that had attempted to rehabilitate city youth. The Indians set up an experimental school for teaching their own history and culture. It was their expressed feeling that the Indian must be motivated to change before offering him new skills, and the hope is to motivate these students by instilling in them pride in their heritage. This is exactly the objective of this section of the curriculum. This process can be started with the preschool child. Child development programs play an important role in easing the transition of the Indian child and offers hope to the new generation. Head Start has been called an "Open Seasame" for Navajo children by Peter McDonald, former executive Director of the Office of Navajo Economic Opportunity.

Indian Heroes

These are examples of the many areas in which Indians have excelled and the list is by no means complete.

Children should be asked to suggest names to add to the list

Historical

Pocahontas - an Indian princess who saved the life of Captain John Smith (Powhatan tribe)

Sacagawea - Indian woman who accompanied Lewis and Clark on the Northwest expedition of 1804-06 (Shoshone tribe)

Tecumseh - The Shawnee Warrior, statesman, name means "Shooting Star". Noted for his humanitarian ways and uniting the Indians into returning to traditional ways.

Crazy Horse - great military figure, fought for the existence of Indian reservations (Oglala Sioux tribe).

Sitting Bull - chief of the Teton or Western Sioux, acknowledged leader of the largest assembly of Plains warriors, exemplified courage, generosity and steadfast loyalty to tribal ideals.

Sequoya - Inventor of Cherokee alphabet (Sequoya Tribe)

Politics and Public Service

Dr. Ben Reifle - South Dakota Congressman (Sioux tribe).

Audra Pambrum - recipient of the American Nurses Association "Be Involved Nurse of 1970." Founded the Blackfeet Crisis Center in Browning, Montana, the only suicide prevention center in the state (Blackfeet tribe).

LaDonna Harris - president, Americans for Indian Opportunity; wife of Oklahoma Senator Fred R. Harris (Comanchee tribe).

Anna Wauneka - recipient of Presidential Freedom Medal of Honor. Concerned with health of Navajo Indians.

James Wilson - Director, Indian Division at Office of Economic Opportunity.

Dr. Benjamin Attencio - Spokesman in Los Angeles for establishing National Indian Advisory Board for Head Start. C.A.P. Director, Pueblo, New Mexico.

Lehman Brightman - Leader for pushing Indian studies at University of California (Sioux tribe).

Raymond Nakii - Navajo Tribal Chief who stressed Navajo political involvement.

Peter MacDonald - former Executive Director of the Office of Navajo Economic Opportunity. Among 14 people in U.S. honored with "Distinguished American Award" in 1970.

Ira Hayes - one of the Marines in the Flag raising scene on Iwo Jima (Pima tribe).

Entertainment and Arts

Maria Tallchief - ballet dancer, formerly Prima Ballerina of New York Center Ballet (Osage tribe).

Jay Silverhill - Played role of "Tonto" in Lone Ranger television series.

Buffy St. Marie - folk singer and composer (Cree tribe).

Scott Momaday - author, Pulitzer prize winner, for book *House Made of Dawn* (Kiowa tribe).

Beatin Yazzi - artist, recipient of many awards for paintings (Navajo tribe).

Chief Dan George - 71-year-old longshoreman turned actor. Portrays Cheyenne chief in movie "Little Big Man," a realistic story of early Indian life (Squamish tribe). Nominated for Academy Award "OSCAR".

Sports

Louis Tewanema - Olympic hero, ran 10,000 meter race and set a world record which was not broken until 1964 (Hopi tribe).

Jim Thorpe - Athlete, Olympic Gold Medal winner, Football hero (Sac and Fox tribe).

2. *Black American*

The term "Negro" is the Spanish word for Black and was adopted as a racial designation for the Black people of the United States. About ten to twelve percent of our total population are Black people, making them the largest minority group in America.

The original home of the Black people is Africa, and African history goes back to the beginning of man. Before the rise of modern Western countries, Africa shared equal stature with the other societies of the world. For example, before the time of Christ, Ethiopia had a highly developed civilization with advanced arts and sciences. In more recent times Africa has been called the "Dark Continent", known only to the European nations who colonized it. Within Africa are many different cultures having different languages, tribes and nations with individual economic systems and life styles. During the last 25 years African countries have been slowly regaining their independence and today they are taking their places as sovereign nations of the world. The Black people in America are only now beginning to appreciate their rich heritage in Africa.

The history of Black people in the United States can be traced to 1619 when 20 Blacks landed in Jamestown, Virginia. They were not slaves but the same type of indentured laborers as some of their White counterparts. Some of the Black people were assigned land upon the completion of their contract, while others chose to become part of the "free laboring class." It was not until 1640 that persons of African descent were regarded as slaves. The slave population grew to about 4,000,000 before the outbreak of the Civil War. Many "slaves" were skilled craftsmen and had trades such as blacksmithing and carpentry. Their labor was the backbone of the early development of our country, a fact which often is overlooked in history books. The Black slaves were not docile and submissive, as is popularly believed. Under harsh and inhumane conditions of supression, there were numerous revolts, insurrections and attempts to escape.

Although Black people were officially freed from the bonds of slavery over 100 years ago, the deep seated attitude that Black people are an inferior group still persists in many areas today. As a result of the oppression of the Black people due to this attitude, a great many Blacks have had to adopt to a way of life that is below that of mainstream America.

Two hundred years of oppression is a heavy burden for any group, especially one as exuberant as the Black. Their vitality as seen in their music, dancing, speech and other forms of expression led to their survival and perhaps has helped them most of all in their persevering struggle to overcome the generations of prejudice they have faced.

Gains for the Black have been slow. *While other minorities have been accepted in American society,* Black people still have much to overcome. Almost begrudingly they are given, and then must wrench away from the society they helped to build, toe holds on the ladder. In recent years, however, it has been the "Black Pride" awareness that has given hope to many of the other American minorities.

Today, young BLACK people are not willing to accept the world of their elders and America is experiencing the throes and agonies of these rejections. The aggressive, rebellious and destructive actions of some Black people and groups are similar to an angry, hurt and bleeding man striking out in all directions. Through child development programs it is hoped that the next generation will be free of the long-standing attitudes that have caused Blacks and other minorities to suffer unjust and unequal treatment.

The achievements of these strong, vibrant people should become familiar to all young children in America. Our history is full of the names of Blacks who made important contributions in almost every field of human endeavor–art, science, music, medicine, education, engineering, politics, literature, craftwork, etc. The historical achievements of the American Black in this land go back as far as the arrival of Christopher Columbus who was accompanied by Pedro Alonso Nino, a Black man.

The Black has served with valor and distinction in the military establishment as a participant in all the wars in which this country has been involved. Blacks also have distinguished themselves in sports–baseball, boxing, track and field, football, golf, tennis–and some have become famous not only in America but all over the world. One of the greatest contributions of Black culture has been in music. Black blues and jazz is the root of American popular music, and talented Black musicians and singers have influenced musical styles

Black people have had a great impact on the scope of their own education, contending with difficulties unknown to the majority of Americans, who have been able to take a good education for granted. Schools in many parts of the country were segregated until the early 1950's; however, some still remain segregated in the early 1970's. The major source of the Black education was BLACK schools. These were established and maintained by dedicated Black people who wanted to help improve the lives of their Black brothers. Their efforts gave countless children, who otherwise might not have received a good education, a chance to broaden themselves. While school integration is still not complete today, many more Blacks are now attending integrated schools, a trend which will increase communication and understanding between people and provide further opportunities for Black people.

Certain food preparations that have been identified with the Black people have been referred to in recent years as "soul food." These dishes were attempts of the poor Black to create a tasty meal for his family with the scraps from the tables of the wealthy and the cheapest foods in the market, showing again his vitality and ingenuity. The preparation of these dishes has been passed on from one generation to another and now is being shared with other Americans.

Another aspect which has recently received attention is the Black dialect controversy. Neither form, standard English and Black dialect, is said to be good or bad English. Standard English is described as formal language and Black dialect is described as informal language. Experimental findings indicate that the child using Black dialect later moved to standard English as a means of escape from the ghetto. Begin able to articulate well enhances good communication.

Included below is a list of Blacks who are remembered for their contributions to America and to their own people. A Pre-School teacher can find many others to use in her program.

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Activity	**Game**
A20	**G15**

Black Heroes

These are examples of the many areas in which Blacks have excelled and the list is by no means complete.

Children should be asked to suggest names to add to the list.

Historical

Crispus Attucks - one of the first heroes of the American Revolution

Frederick Douglas - abolitionist, publisher, lecturer; named U. S. Minister to Haiti in 1889

Sojurner Truth - preacher, abolitionist, anti-slavery lecturer, active in Washington, D.C. 1863-65

Harriet Tubman - organized "underground railroad" to free slaves, 1849

Nat Turner - led great slave revolt in 1831

Politics

Edward W. Brooke - Republican Senator from Massachusetts. First Black elected to U. S. Senate in 20th century.

Shirley Chisholm - Democratic Congresswoman from New York

Ralph Bunche - 1951 Undersecretary to the United Nations

Science

George Washington Carver - early scientist, discovered many practical uses for chemical derivatives of peanut and sweet potato

Sports

Arthur Ashe - World's leading amateur tennis player

Lewis Alcindor - Most sought after college backetball player of the 1960's

Jackie Robinson - First Black player in major league baseball

Althea Gibson - international tennis champion.

Education

Booker T. Washington - Founded Tuskegee Institute, 1881

Mary McCleod Bethune - Advisor to Presidents Hoover and Roosevelt; founder of Bethune Cookman College, Daytona Beach, Florida

Law

Thurgood Marshall - Appointed to U. S. Supreme Court

William H. Hastie - Judge - Advisor to War Department in World War II - first Black Governor of the Virgin Islands. Since 1949 a Judge in the 3rd District of the U. S. Circuit Court of Appeals in Philadelphia.

Medicine and Health

Daniel Hale Williams - surgeon, pioneer in open heart surgery

Charles Drew - developed use of blood plasma in transfusions

Louis T. Wright - surgeon, researcher in Black health

Mabel K. Staupers - led fight for integration and better working conditions for Black nurses

Gertrude Hunter, M. D. - Medical Director, Head Start Program

Military

Benjamin O. Davis, Sr. - first Black Brig. General in U. S. Army

Benjamin O. Davis, Jr. - Lt. General in U. S. Army, named Commander of Goodman Airfield, 1945- appointed Director of Civil Aviation Security (Sky Marshalls), 1970.

Frederic E. Davison - Major General, U. S. Army, Born in Washington, D. C., graduate of Howard University

Samuel L. Gravely, Jr. - First Black Admiral in U.S. Navy

Daniel "Chappy" James - Brig. General, U. S. Air Force, a fighter pilot, graduate of Tuskegee Institute

Entertainment and the Arts

James Brown ("Mr. Soul") - entertainer, popular singer and band leader - recording artist

Sammy Davis, Jr. - entertainment, popular singer, actor, author

Aretha Franklin - "First Lady of Soul", popular singer and recording artist

Musicians and Singers: Marion Anderson, Leontyne Price, Ray Charles, Louis Armstrong, Duke Ellington, Nat King Cole, Bessie Smith, Ella Fitzgerald, Dionne Warwick, Thellonius Monk, Art Tatum, John Coltrane

Artists: Lloyd McNeill, Jacob Lawrence, Brumsic Brandon, Jr., Creator of "Luther"

Comedians: Bill Cosby, Flip Wilson, George Kirby, Godfrey Cambridge

Civil Rights Workers

Roy Wilkins - Executive Director of NAACP

Dr. Martin Luther King, Jr. - organized great Civil Rights movements during 1950's and 1960's

A. Phillip Randolph - President of Brotherhood of Sleeping Car Porters

Jesse Jackson - Minister, young, dynamic follower of Dr. Martin Luther King

Malcolm X - Civil Rights Advocate, Author, Spokesman for Black manhood

Whitney Young - Executive Director, National Urban League (1961-71) until his untimely death

3. *Puerto Rican Americans**

Puerto Rico is an island in the Caribbean Sea between North and South America. Its name means "Rich Port" in Spanish. At the time it was discovered by Christopher Columbus in 1493, on his second voyage to the New World, it was inhabited by the Taino Indians, a branch of the Arawak of South America. The Spanish conquered the Taino and were the first to colonize the island. The island, being in a strategic position for trade and defense in the Caribbean area, was under constant attack from the Carib Indians, Dutch, French and British. For a time it was a haven for smugglers and pirates. Puerto Ricans today are very proud of their Spanish heritage. Juan Ponce de Leon was its first Governor.

Soon after the Spanish conquest, Africans were brought to the island, and there was an integration between Indians, Spaniards, and Africans. By 1850 five out of ten inhabitants had some African blood, but only one in ten was classified as a slave. Additions were later made to these original Indian, Spanish and African strains of Portuguese, French, English, Dutch, Irish, Italian, Corsican, Central European and Anglo-American to the blood and the culture of the island. Slavery was officially and entirely abolished in Puerto Rico in 1873.

Since 1898 Puerto Rico has been under the influence of the United States. It became an unincorporated territory in 1901, and a commonwealth in 1952. Theodore Roosevelt, Jr. was governor from 1929 - 1931 and is probably the best loved of the governors from the United States mainland. The first elected Puerto Rican governor was Luis Munoz Martin, who took office in 1949. Puerto Ricans became United States citizens in 1917.

Most Puerto Ricans are devout Catholics, and religion plays an important part in many Puerto Rican holidays. A child's First Communion is a cause for family celebration. Boys wear white linen suits and girls wear long white dresses and crowned veils. Every Puerto Rican town, city and village has its Saint's celebration. The most exciting holidays are from Christmas Eve to January 6, the eve of Three King's Day.

The island began industrialization in the 1940's. The government chose to bring factories to the island through a plan called "Operation Bootstrap" which was put into effect beginning in 1947, which also included projects in housing, education and public service. Most of all it provided jobs and a better way of life for the Puerto Rican people. The factories today are filled with workers who are proud to be involved in giving Puerto Rico a new place in the technological and industrial world.

Prior to Operation Bootstrap, there was a great deal of poverty on the island. It had been largely agricultural, and this could not support its growing population. Many Puerto Ricans migrated to the United States, seeking more opportunities and a better way of life, as many other peoples have done from all over the world. However, upon arriving some found themselves again enmeshed in slums - this time the crowded cities, with a life far different to their lush tropical island. More than this, all Puerto Ricans feel closely attached to their homeland with the quiet sunshine, tropical fruits, where the average temperature is 77° rarely going above 85° and surrounded by the lovely blue-green Caribbean Sea. Therefore, there were frequent trips home, which also gave the opportunity to keep in touch with friends and relatives left behind. However not only the poor came. As political, industrial and scientific activities increased between the United States mainland and Puerto Rico, there developed much two way traffic between the two places by people in all walks of life.

Most of the earlier arrivals came to New York City as this is one of the largest cities in the country and offered rich opportunities to all. It also offered easy access and travel to and from the islands. Finding themselves in a new environment, the Puerto Ricans set themselves to make adaptations. They have proved themselves good skilled workers, artisians, jewelry makers and needlework experts. They maintain their own welfare and welcoming societies, newspapers, stores and small businessses, and they show initiative in coping with their problems. Many children however, are still caught in the city slums and their families are trying to find themselves in the complexities of crowded city life.

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*Prepared with the kind assistance of the Office of Commonwealth of Puerto Rico in Washington, D. C., which has reviewed and approved contents.

A popular game of Puerto Rican children is gallito. It is played with a nut which comes from the locust tree. Another popular game is dominoes, which was invented by a Spanish monk. Towns all over the island hold domino tournaments. Little league baseball is also a favorite game with small boys, and several famous baseball players come from Puerto Rico.

Every day the creative potential of children from minority groups is stifled and lost in the vacuums of the ghettos. At the 1970 White House Conference on Children there was a spokesman for the Puerto Rican youths of New York. Piri Thomas is a Puerto Rican writer whose knowledge came first-hand from growing up in East Harlem. He said: "Identity does not only have to be found by what color you are or what race or creed. Identity can be found by the individual productive and creative talent that is within the youngsters of the ghettos." Puerto Rican children, as well as children of other minority groups, need help in discovering their individual potentials. As Mr. Thomas put it, in strong language: "We ain't blips that pass by, but bright steady lights. Push down our bad and pull up our good. We know it's better to live than to die, and we'd like a choice; we'd like to live as you do, but not like you do."

Meanwhile, Puerto Rico itself experienced much economic growth. It is becoming more and more self-supporting. San Juan, the Capital, looks more and more like the busy cities of the U. S. mainland. It has a flourishing university where many students from the United States mainland are eager to study. Artists, under the influence of the island's beauty are producing works of art shown in international exhibitions. Spanish is the predominant language in Puerto Rico and is used in the schools, also English is taught from the first grade. (Both English and Spanish are official languages in Puerto Rico.) Tourism is now one of the big sources of income to the island. Beautiful hotels and other tourist facilities are available to attract visitors to share the beauty and charm of the island. However, behind what the tourist sees, poverty still exists and there still remains much to be done for the children and Child Development Programs offer much to the children of Puerto Rico.

Puerto Rican Heroes

These are examples of the many areas in which Puerto Ricans have excelled and the list is by no means complete.

Children should be asked to suggest names to add to the list.

Historical

Luis Muñoz Rivera - Father of the country

Ponce de León - First governor

Politics and Government

Luis A. Ferre - Governor of Puerto Rico

Jorge L. Córdova, Resident Commissioner of Puerto Rico

Herman Badillo, D - New York Congressman (21st District)

Carlos Romero Barceló, Mayor of San Juan municipality

Sentiago Grevi - Member of the Narcotics Control Commission and highest ranking Puerto Rican in state government

Doña Fela Rincón - Former Mayoress of San Juan

Sports

Jorge Montalvo - President of Liga Atletica Alfredo Borea, Inc.–mainly softball

Alicia Alvarado - President of Puerto Rican Youth Center–mainly boxing, recreation, weight training

Orlando Cepeda - first baseman for Atlanta Braves baseball team

Roberto Clemente - outfielder for Pittsburgh Pirates baseball team

Science and Medicine

Dr. Elene Padilla - Associate Professor of Anthropology, Columbia University

Dr. J. M. Ferrer - Director, Division of Surgery, Harlem Hospital, New York, New York

Dr. Reinaldo Ferrer - Beth Israel Hospital, Director, Community Health Programs, New York, New York

Education

Dr. Frank Bonilla - Professor of Political Science, Massachusetts Institute of Technology

Dr. Rafael Cordero y Molina - noted educator who in 1800, in spite of being extremely poor, set up a school for poor black children working at the same time as a cigar roller to meet the expenses of the school

Entertainment and Arts

José Ferrer - stage and screen actor

José Feliciano - popular singer and guitarist

Pablo Casals - world famous cello player born in Spain who has adopted Puerto Rico as his home; mother is Puerto Rican

Miss Marisol Malaret Contreras - Miss Universe of 1970

Concerned with Puerto Rican Affairs

Eugenio A. Alvarez - chairman of the Association Council to Inform Our Neighbors, Inc. (ACTION, Inc.) to inform the community of the services of governmental and private agencies

Artists

José Campeche (1752-1809) - beloved painter of Puerto Rico; son of a freed slave

Augusto Martin - one of several notable modern artists

4. *Mexican Americans**

Mexico, with a history that reaches back about 4000 years before Christ, has contributed much to the present. It was about 4000 B.C. that Indians living in what is now New Mexico learned from the civilization of Mexico how to raise corn, squash, and beans. It was in Mexico that these staples in the present day American diet were first domesticated.

Many other techniques also spread from ancient Mexico to the American Indian in the United States as far as the Mississippi Valley. These were such things as the construction of monumental irrigation systems, stone etching techniques and Hohokam pottery which is today considered prized works of art. The ancient Mexicans were skilled in city planning, engineering and astronomy; they developed centers of higher learning and produced poets, philosophers and scientists. The Maya of the Yucatan Peninsula, now a province of Mexico, had one of the highest forms of civilization in the New World. They developed a calendar which is more accurate than the one we use today. It is a loss to our storehouse of human knowledge that all of the early science and knowledge was destroyed by the invaders and may never be recovered. Great cities were developed. Ancient Mexico City was said to be the largest and most modern city in the world, rivaling cities of today in their planning and in being well cared for.

The Spanish began their invasion and conquest of the Aztecs in the sixteenth century, and the country as a whole was subduded only gradually.

Many of the indigenous religious and social customs were maintained even over the superimposing of Spanish traditions resulting in a unique Mexican culture that permeated into what is now the Southwest of the United States. The language of the Aztecs that had been imposed on other Indian groups, Nahuatl, is still used in Mexico today—in fact, many universities have courses in Nahuatl. This

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***This section was prepared with the kind assistance and approval of the Mexican Section of the Cabinet Committee for the Spanish Speaking.**

influenced the Spanish language which in turn influenced the English language (and vice versa) once the contact between the two occurred. As a result, Spanish adopted such words as chocolate, coyote, jacal, rodeo, mesa and chile which also were incorporated into the English language.

Among the people, too, there was an intermixing between the Spanish and native Indian. From this evolved the Mexican and the Mexican American of today–with deep roots from strong cultures in both the New and Old Worlds. In the early nineteenth century Mexicans moved freely to the north into areas now a part of the United States in establishing new towns in California and Texas bringing their language and culture and developing mining techniques. They were gradually dominated by Americans following the Gold Rush and subsequent western migration.

During the next century, in the early 1900's a new and larger group of Mexicans began again coming into the United States to Southern California, Colorado, Arizona and to Texas. The decendents of this group make up most of our present day Mexican American or Chicano, population. There are today over seven million persons of Mexican ancestry living in the United States. (About 2½% of the United States population.) They live not only in these states of the Southwest but also in industrial centers throughout the country, such as Chicago. Theirs is the predominating culture and language which has characterized our Southwest. Indeed, prior to 1935, they were the predominating peoples in that area. New Mexico is said to have the most distinctive area of Latin American culture in this country. Although in the Treaty of Guadalupe Hidalgo all of the states of the Southwest - California, Texas, Arizona, and Colorado were to recognize Spanish as an official language, New Mexico was the only state to make it legal in that state. Therefore, New Mexico is the only state with two official languages - Spanish and English. Though Spanish is their language and we tend to think of the Mexican American in terms of his Spanish culture, the Mexicans are also justly proud of their truly Mexican or Indian heritage. This feeling was officially consecrated by the Mexican congress in a 1949 decree which states that the last Aztec emperor was a symbol of their nationality and deserved the sincere devotion of the Mexican people.

Through benevolent socieities, patriotic organizations, and the extended family, many Mexican traits are kept alive. Mexican arts and crafts, music, dances, cooking, family structure, concepts of the community, and the Mexican Spanish language are maintained in this manner. There is also a distinctive Mexican personality characteristic that places more emphasis upon warm interpersonal relationships than upon the acquisition of wealth. Spanish language radio and television stations, newspapers and magazines, and Chicano political organizations also help carry on this process as well as bring in new cultural influences from Mexico.

In many rural areas of the Southwest, as well as in some wholly Mexican urban districts, most adults can be described as belonging primarily to the culture of northern Mexico. The Spanish language is here universally favoured over English and the bilateral extended family provides a satisfying and strong social background for the individual. In other urban areas one finds numerous Mexican-Americans who are completely bilingual, or who in some cases favour English over Spanish.

The Mexican American is making contributions in every occupational field in America, in every vocation and every profession. Also many of them make up the migrant farm workers in the Southwest. Actually, 60% of all the migrant and seasonal farm workers in the United States are Mexican Americans. The desperate conditions of these workers have come to light in the recent past, and efforts are being made to give them fairer treatment, higher wages and better living conditions.

Chicanos also have made artistic contributions for which they can be proud. Mexican crafts and clothing are designed with vibrant colors that reflect the joy and beauty of the world of nature around them. The music and dancing of Mexico, a combination of Spanish and Indian influence is gay and lively with complex rhythms that are exciting. A Mexican Festival for all children can be a gala occasion!

Mexican American Heroes

These are examples of the many areas in which Mexican Americans have excelled and the list is by no means complete.

Children should be asked to suggest names to add to the list.

Historical

Cuahtemoc - the last Aztec emperor who reigned during peak of highly developed Aztec civilization

Benito Juarez - first Democratically elected President of Mexico - a full-blooded Mexican Indian

Father Miguel Hidalgo - Spanish Mexican Priest - first to raise a cry for freedom from Spanish oppression

Emiliano Zapata - famous revolutionary Hero

Sports

Jim Plunkett - outstanding quarterback at Stanford University

Joe Kapp - quarterback with Boston Patriots football team

Danny Villanueva - Ex-football player (Los Angeles Rams and Dallas Cowboys), General Station Manager of KMEX, Los Angeles, California

Lee Trevino - Golf champion

Pancho Gonzales - Outstanding tennis champion

Science and Medicine

Dr. Robert e. de Baca - Professor of Animal Science and Technology, Iowa State University, Ph.D. in Genetics

Dr. Lawrence Castro - Professor of Geology, Northern Arizona University

Education

Mrs. Graciela Olivarez - first woman graduate of University of Notre Dame, community leader

Dr. Ernesto Galarza - Academician and author of *Spiders in the House* and *Workers in the Field*

Narciso Aleman - director of Colegio Jacinto Trevino, first Chicano college with special emphasis on education

Concerned with Mexican American Interests

Cesar Chavez - Labor leader and organizer, champion of democratic rights of United Farmers

Henry A. Quevedo - Executive Director, Inter-Agency Committee on Mexican-American affairs

Anthony Rodriquez - Executive Director, Cabinet Committee for Spanish Speaking

Reies López Tijerina - Leader of Spanish-speaking people in New Mexico

Rodolfo "Corky" Gonzales - Playwright, poet, leader of Chicano delegation in Poor Peoples March on Washington, D. C.; leader in Anti-Poverty Programs in the Southwest

Juan Ramos, Ph.D., - Chicano Social Worker, National Institute of Mental Health, HEW

Dolores Huerta - Vice President of and negotiator for the United Farmworkers

José Angel Gutierrez - active in all aspects of Community work through La Raza Unida Party

Entertainment and the Arts

Trini Lopez - one of the leading male vocalists in the United States - made Brotherhood his theme song. Toured Europe - leader of his own 11 man orchestra and band

Alberto Vela - Artist whose work depicts his childhood and bullfighting scenes - famous for his pen and ink sketches and murals

Anthony Quinn - actor who has received many awards for his film portrayals as well as his community involvement

Viki Carr - Singer - International performer and TV star; entertained at White House and for Queen Elizabeth of England

Raquel Welch - Hollywood movie star

5. *Non-Ethnic, White Americans*

Most of the material presented before deals with various ethnic minorities in the United States whose children can gain much from child development programs. There also are children of our basic white majority group who can benefit greatly from these programs. Many white Americans, too—hardworking people, living for the most part close to the land—have been left out of the Great American Dream—the tremendous advances which came through technology, big business and industry. Their people were men of direct action, rugged individualists and frontiersmen who preferred the simpler life and scorned book learning. Large numbers of white Americans still live behinds the times, cut off from mainstream America in isolated and rural areas—on the small farms, the big open plains and in remote mountain pockets, as well as in city ghettos. Because these people have no racial or ethnic barrier, they may see no reason for being worse off than the rest of society and feel inferior and see themselves as inadequate or less capable individuals. They tend to pass this hopelessness and feeling of isolation on to their children. These children, too, need to develop a good self-image in order to be mentally healthy.

The people in the Appalachian mountain region, more than 90 percent of them white, are one example of Americans with no clear-cut ethnic background who live apart from society. The same situation can be found in other parts of America, but probably not to the same degree.

What has been done here in this text for Appalachia can be used as a guideline for teachers in other parts of America who will come in contact with children of non-ethnic groups.

For years the Appalachian mountain region has been regarded as the "backwoods" area of America—never really known, not often visited. The entire region covers 13 States from the Mohawk Valley in New York to the end of the Appalachian Plateau in northeastern Mississippi. The region, which contains about 10 percent of the nation's population, mostly in rural areas, comprises one of the largest and bleakest pockets of poverty in the U. S.

The ancestry of the mountain people goes back to the earliest settlers of America. Those who settled in the mountains were rugged frontiersmen who were seeking complete independence from the rule of the European colonies. Because of the rich natural resources, life in the mountains was good and afforded little outside interference.

As technological progress changed the culture and economy of the rest of the nation, the simple mountain life remained much the same, and the isolation which those first settlers sought continued. The mountains did indeed prove to be a barrier, not only a physical one, but social and economic as well.

Outside industry was attracted to the area's vast virgin timber and rich coal deposits and industry representatives came in to buy the land. The mountaineers, often illiterate and not used to bargaining in a money economy, found themselves at a disadvantage. Vast tracts of land were purchased from the local residents for well below their actual values, and the mountain people were left with little land to call their own. There were times when the coal fields boomed, but now other less-expensive-to process fuels have cut into the coal market, and more than two-thirds of the men working in Appalachia's coal industry were displaced from their jobs during the last 15 years. The region's agricultural industry also was hard hit by advanced technology and automation. Farming in the area as a whole continues to be unprofitable to the region's economy.

The educational needs that moved the rest of the nation toward better public schools and land-grants and private colleges did not touch many mountain folks. In many of the valleys public education was not introduced until the middle of the 20th century. Before that, church groups established and maintained the only schools in the hills. Many parents there are still ambivalent about education, and some young people consider the object of education to be "getting to 16 years old so you can quit."

In addition to these problems of education and economics, there is a critical shortage of adequate health care services in the entire region. But even in places where it is available, the mountain people are reluctant to accept modern medicine, preferring instead to use their own age-old home remedies for most ailments.

The modern roads that have slowly crept into the mountains have provided a new link between Appalachia and the rest of the country. Government agencies and private groups became concerned and active.

For generations the people of Appalachia have depended on close family and kinship ties for economic and social security. The custom of settling close to kin has made many valleys the domain of single families. It is not unusual to find four generations of a family living side by side in one valley, intermarried to such an extent that only two or three family names are common to everyone.

Several unique cultural traditions grew out of the long isolation of Appalachia. Because the people had to depend upon their own ingenuity to provide them with many of the things other Americans could take for granted, they became skillful at making goods by hand. Today Appalachia is one of the few areas where skilled, individual workmanship is still both a practical skill and an art. The women there have always made most of their families' clothes and fashion colorful quilts out of sewing scraps. The men make furniture, stoneware, glassware and ceramic objects from the raw materials that abound in the area. In this age of mass production such hand-crafted items are valuable and rare. It is possible that these same skills, developed out of necessity and handed down through generations, will offer the people there a brighter economic future. Some of the region's hand-crafted goods are already being marketed on a small scale, and groups like the Rising Fawn Crafts Center in Georgia and the crafts department of Berea College in Kentucky were established to continue the crafts tradition and make it profitable to the area's depressed economy.

Another cultural tradition that came out of the hills is a particular brand of music and such hand-made instruments as the fiddle, harmonica and zither. For generations singing and playing was one of the only forms of entertainment the mountain people had. The origin of many mountain songs is still a mystery since they were never written down. Some melodies have been traced to old European ballards, many having original lyrics added by mountain singers. This music formed the base of much of the more recent country western sound, and a number of well-known country western musicians have come from the area.

A special kind of language also was perpetuated in the isolated mountain life. The way Appalachian people speak sounds almost foreign compared to the English used by most Americans, and it has often been passed off as illiteracy. However, the expressions they use are actually pure Elizabethian English, another carry-over from earlier times! This language difference has made a communication barrier, especially for school children who are not prepared for the modern English used in public school textbooks.

Economic and social change is slow in reaching Appalachia. The brave and independent mountain people are oriented toward family life and existing in and with their natural environment. Change threatens the familiar security of this existence, and many mountain people regard "new ways" with fear. The unique lifestyle of these people must be considered in helping them improve their living conditions and in bringing them educational opportunities and better health care.

An important guideline for helping the people of Appalachia was given by Perley Ayer, former director of the Council of Southern Mountains, who said: "We need to start thinking of the potential of each individual and what he can do to become *himself,* not himself in comparison to a hundred other individuals." If the young people of Applachia learn about their individual worth, as well as their cultural heritage, the future of this region's human resources can be a bright one.

Appalachia is an isolated and extreme example of the rural and urban poor all over America, who must first be helped to realize their values as human beings before they can be motivated to seek and accept ways of improving their impoverished lives.

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Activity	Game
A23	G15

Appalachian Heroes

These are examples of the many areas in which Appalachians have excelled and the list is by no means complete.

Children should be asked to suggest names to add to the list.

Historical

Davy Crockett - great pioneer scout, guided troops in frontier days

Daniel Boone - pioneer woodsman, skilled trail frontiersman of Kentucky

Andrew Jackson - seventh President of the United States

Politics and Government

Jennings Randolph - Senator from West Virginia; chairman of Senate Public Works Committee and original author of Appalachian Regional Development Act

Cyrus Vance - former Undersecretary of the Army, Presidential advisor and diplomat

Lewis Strauss - former director of the Atomic Energy Commission

Education

Perley Ayer - late professor of rural sociology at Berea College in Kentucky and former director of Council of Southern Mountains; knows as "Shepherd of the Hills," he advocated self-help in area

W. D. Wetherford - founded and developed first YMCA in Blackmountain, North Carolina; responsible for 1962 Ford Foundation study which brought national attention to the region's problems

Entertainment and Arts

Eleanor Steber - former lyric soprano with Metropolitan Opera

Doc Watson - one of this country's top guitarists from Tennessee

Jean Ritchie - ballad singer whose songs come from mountains and her Scottish ancestors

Bill Munro and the Blue Grass Boys - oldest continuous blue grass band

Harry Caudill - Appalachia's most articulate spokesman for people control of resources there; author of *Night Comes to the Cumberlands*

Sports

Pee Wee Reese - outstanding shortstop for Brooklyn Dodgers baseball team

Jim Hickman - outfielder for Chicago Cubs baseball team

Cecil (Randy) Hundley - catcher for Chicago Cubs baseball team

Labor

John L. Lewis - organizer and president of United Mine Workers

Walter Reuther - leader of Teamsters Union

Pioneer and Mountain Heroes

William George Fargo - developed transportation in the Far West; part of famous Wells-Fargo Express Company

James Jerome Hill - builder of the Great Northern Railway; called the Empire Builder of the American Northwest

William Frederick Cody - known as Buffalo Bill of the Great Plains. It is said that he killed 4,000 buffaloes during the building of the western railroad.

Andrew Lewis - Major in the United States Army, famed for his Sandy Creek expedition in the Southwest during early frontier days

John Muir - forest conservationist and explorer; assisted in establishing Yosemite National Park and Sequoia National Park

Christopher "Kit" Carson - famous frontiersman who joined Bents' Wagon Train to Sante Fe, New Mexico

Mark Twain - novelist and humorist who wrote about life in the early Midwest and West of America

Willa Cather - author of novels about pioneer life on the Great Plains

Dick Pownall - one of the country's foremost mountaineers; author of the "Mountaineer Handbook"

Clarence King - U.S. geologist who explored southern part of High Sierra, an almost unknown region

Will Rogers - great American humorist and satirist with homespun style of the old frontier

Susan B. Anthony - leader of women's suffrage movement who fought for women's rights

William O. Douglas - Chief Justice, known as the "Great Walker"; contributed to mountaineering in the coverage of the Pacific West in his book *My Wilderness*

CLASSROOM ACTIVITIES

A9 The Family

Set up a Playhouse or Housekeeping Corner. Make drawings, cutouts, flannel board, puppets, stand-up figures of family members. Prepare clothing for children to dress up in to play various family roles. Fill in Family Section of Children's Workbook in which children draw and name family members and bring in photos of family and tell about them.

A10 The New Baby

Try to have a pregnant woman known to any of the children come to a class (e.g., staff member such as cook, aide, volunteer, or parent of one of the children). Let her talk to children about how she feels about having the baby and answer the children's questions. Answers should be simple and direct–no myths and untrue statements. Children have many fantasies about where babies come from and how they are born. For assistance to mothers and teachers see books suggested in Appendix.

A11 Have a mother bring a new baby to class. Show him to the children and discuss his needs in terms of care and love from the family. If the baby is not too young (less than one month) and if conditions permit, try to have the mother demonstrate some of the care she gives: e.g., diapering, washing, dressing, feeding, etc.

A12 Go on a "field trip" to the home of a mother with a new baby known to the group. Permit the children to see the mother caring for the baby at home and how the home is prepared and arranged for the baby's care. Try also to have a father present to demonstrate the assistance fathers give when there is a new baby.

A13 After demonstrations and field trips, let children of both sexes role play with dolls, puppets, etc., the arrival at home and care of the new baby in the family.

A14 Raise small animals in class–hamsters, gerbils (if your State law permits), chickens, rabbits. Animal reproduction will afford opportunity to discuss creation and birth and care of young. Discuss ways in which animals and humans differ in reproduction and planning, living together, showing affection, wanting and planning for children, raising and caring for children.

A15 My People and Other People

Plan a Day. or Week's Activities to celebrate each group and involve all Center staff, parents and children in creating and demonstrating food, clothing, house styles, music, dances, games, and special artwork. Preschool administrators can assist in locating and inviting people from particular ethnic groups to take part in the program.

A16 Talk about historical heroes and encourage each child to choose and display a hero from his own ethnic group. Parents may be asked to assist. The teacher will relate what she knows about the hero and explore class interest in forming a "Heroes Club" to create a "Gallery of Great Americans." Prepare a bulletin board display on heroes selected by the group. During a quiet period have children listen to a recording or see a filmstrip about heroes selected by the group. Ask the children to bring from home pictures, poems, records, plaques, pamphlets or books which relate to historical heroes.

Use reference list in Appendix to find out where to obtain books, films and filmstrips about particular ethnic groups. These may be used in the following ways:

A17 Living Stories

Rules:

The teacher reads or tells a story, or shows a film about an ethnic group. The children act out the story when they have finished hearing or seeing it. This should be done immediately or they may forget too many details to make the acting-out difficult.

Discussion:

After the children have acted out the story they should talk about how they felt playing a different kind of person. Ask them to comment on dress, food and customs of the people they played. How are these people like you? How are they different?

A18 Puppet Stories

Rules:

The children make simple puppets as characters in a story they have especially enjoyed. The teacher then reads the story again (as narrator) as the children act it out with the puppets. Half the class could work on one story while the other is played.

Discussion:

Same as for Living Stories.

The songs "This Land Is Your Land" and "Getting to Know You" may be used to make children aware of relating to people of all groups.

*This Land Is Your Land**

This land is your land,
This land is my land,
From California, to the New York Island,
From the redwood forests,
To the Gulf Stream waters,
This land was made for you and me.

THIS LAND IS MY LAND
Words & Music by Woody Guthrie
TRO-©Copyright 1956 & 1958 LUDLOW MUSIC, INC. New York, New York Used by permission of Ludlow Music, Inc.

*Getting to Know You**

Getting to know you, getting to know all all about you.
Getting to like you, getting to hope you like me.
Getting to know you, putting it my way but nicely,
You are precisely my cup of tea.
Getting to know you, getting to feel free and easy.
When I am with you, getting to know what to say.
Haven't you noticed, suddenly I'm bright and breezy,
Because of all the beautiful and new
Things I'm learning about you, day by day.

*Copyright© 1951 by Richard Rodgers and Oscar Hammerstein II. Used by permission of Williamson Music, Inc.

A19 1. *American Indian*

Read a story about Indians (e.g., Hiawatha, Pocahontas)

Show film "Navajo Children"

Try to bring out both play and work activities in talking about things Indian children do

Make a wigwam or teepee out of a blanket or cloth

Make a bow and arrow

Make article of Indian clothing or adornment and let children wear

Talk about Indian dress, food and games

Let children manipulate some clay to create whatever design of Indian life they "think up"

Show children pictures of/or actual pieces of Indian pottery

Where possible, arrange field trip to Indian village or other Indian site

Rhythmic Activity: Native Son Song

(Sing the song to the tune of "Ten Little Indians." Do the motions suggested by each line.)

One little, two little, three little "Native Sons"
Four little, five little, six little "Native Sons"
Seven little, eight little, nine little "Native Sons"
Ten little "Native Sons" of America.

"Home on the Range" (Do the motions suggested by each line.)

A20 2. *Black American*

Visit a local museum of African art. Children should be exposed to selected Black readings before and after trip. Use sketch and coloring books to communicate understandings and feelings. Black Pioneer Books may be used by the group. Information about Black Americans available from Association for Negro Life and History.

Show filmstrip "Leading American Negroes." Ask children "Which hero do you want to be like? Why? How will this help you? What was his/her achievement?" List on board - flannel board can be used.

Make a clay model bust for the "gallery" of Black American heroes.

Display African instruments loaned to group. Children try to use tom-toms, bongoes, maracas and bells.

Set up an exhibit of African art–bronzes, ivories, figurines, jewelry, textiles, wooden masks

African smorgasboard–parents are involved in this activity–children help prepare some of the food. African fashions could be modeled by members of an African family.

A21 3. *Puerto Rican American*

Talk about and play dominoes and gallito, popular games of Puerto Rico. Winners can be given Puerto Rican flag.

Fruit Basket - Children identify fruit of Puerto Rico in basket or table display–guava, mango, pineapple, lime, banana, apricot, orange, berries. If correct, the child gets to keep the piece of fruit. Pictures may be substituted for fresh fruit.

Plants - Children identify plants of Puerto Rico–margarita, African tulip, ferns, bromeliads, sugar cane, coffee, bamboo. Picture of plant may be given to child or group identifying the most plants.

Children make a fort out of clay or sand with lookouts, cannons, play soldiers brought from home. Group or child completing best fort can be given a Puerto Rican flag.

A22 4. *Mexican Americans*

Have a craft show of Mexican ceramics, basketry, tinware, jewelry, fabrics and glassware

Make Mexican face mask, clay models, jewelry, carvings

Groups can work together to make colored chalk pictures. Suggested ideas: headdress, tiger, drum, oil derrick, horse, bull, goat, donkey, sombrero, volcano.

When it is snack time a "fiesta" atmosphere can be created. Recordings of Mexican music may be played as the children sample Mexican dishes–fruit punch, fancy cakes, cookies, tacos, tortillas. The children can be told how Mexican food is made, and how some foods are fixed for special occasions. At the end of the "snack time" the children can be given gum to take home and shown a picture of the sapodilla tree from which the sap, "Chicle," has been used to make chewing gum.

A23 5. *Appalachian People*

Create display or show pictures of Appalachian handicrafts–furniture, handmade musical instruments, patchwork quilts or items of clothing, stoneware, corn cob pipes, etc.

Have a "quilting bee"–let children cut scraps of material into squares and sew together to make minature quilts. Perhaps someone familiar with this technique could be invited to the class to talk about it and help with demonstration.

Let children listen to "country" music and help them identify some of the instruments–fiddle, zither, guitar, harmonica

Talk about coal and its uses and let the children examine a piece of coal. Explain how it is processed and mined. This can also be done for other raw materials which abound in Appalachia.

6. *Other Groups*

Find similar information about other ethnic groups and set up activities to involve children in learning about them.

Games

Me and My Family

G9 *Who Does This at Home - (Family activity)*

Rules:

One child pantomimes a member of his family performing an activity at home. The viewers guess who the player is (a mother, father, etc.) and what the activity is. The child whispers what he is going to do to the teacher, so that she can coach him while he is playing.

Example:

A child pretends to be washing dishes. The teacher coaches the actor to hand pretend objects as if they were real in order to help the actor make his communication.

Discussion:

Does anyone else's mom do that? Why do moms do that? Does anyone else at home do that? Can you? Are you going to do that when you are a mom?

G10 *What Job Does My Mommie/Daddy Have?*

Rules:

A child pantomimes his father or mother at his/her job. The class guesses what the job is.

Discussion:

What does his dad do? Does anyone else's dad do that? How does this kind of work help people in our town (city, State, or country)? Why do we need people like his dad to do that job? What can your dad buy for you and your family with the money he earns at his job?

G11 *Celebration*

Rules:

Children play roles of participants in family celebrations such as weddings, birthday parties, etc. (An assignment to draw what happened at the celebration after it has been played should produce excitement for the children and a view of what each child experienced for the teacher.)

Example:

Let's play Celebration—let's have a wedding. Who will be the bride? The groom? Who else would be there? OK, will you be the aunt? Who else? Who else? When the children all have parts they set up the church with classroom tables and chairs (improvise). The scene is set. Begin by asking small groups of no more than three to enter the church so that the children can concentrate more easily in a free, but orderly situation. A mob scene is hard for them and the teacher to handle.

Discussion:

Does your family celebrate that way? What did we do that your family does? What does your family do that we did not do? Why is it done that way? Is there another way?

G12 *Tell Me What Happened - To Your Mother*

Rules:

A child sits in front of the group and tells a story that really happened to his mother. When he is finished, another child repeats the same story while more children act it out.

Repeat as "Tell Me What Happened To Your Father", "Your Brother", "Sister", "Cousin", etc. and repeat song below as "Father Does", "Brother Does", etc.

Example:

If the child is shy and has trouble thinking of a story, the teacher may coach him to tell what happened before he came to school this morning. The story need not be sensational. The children can see that they share many things in living, and also live quite differently.

G13 *Mother Does*

Rules:

Jingle (see below). The class sings or chants the jingle. Player A pantomimes something that his/her mother does. The class guesses what the activity is and then joins in doing the same activity. The chant is repeated and the game goes on.

Discussion:

Is mother the only one at home who does that? Why does mother do that? What would happen if she did not do that? Will you do it someday? Can you do it now?

"Mother Does"

Tune: "Here We Go 'Round The Mulberry Bush"

What does your mother do, mother do, mother do
What does your mother do, show us if you can.
Child pantomimes
Class guesses
This is what ___'s mother does, mother does, mother does
This is what ___'s mother does
When she (washed clothes, feeds the baby, etc.)

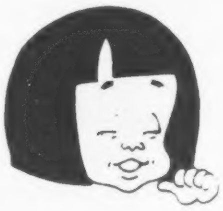
G14 *Say It In Spanish*

In learning about Mexican and Puerto Rican Americans, the children can become familiar with some Spanish words and phrases. A game can be made out of using these and simple dialogues may be set up. Children who forget to use the Spanish word have to pay a "fine"–a colored chip or play money. Listed below are some examples of simple Spanish words; others may be added:

"Hola"= Hello
"Adios" = Goodbye
"Por favor" = Please
"Muchos gracias" = Thank you
"Bienvenido" = Welcome
"Hambre" = Hungry
"Algo" = Snack
"Hacienda" = House
"Si" = Yes
"Pare" = Stop
"Somos Amigo" = We are friends.
"Las niños y niñas" = Boys and girls
"Ven aquí" = Come here.
"Cómote llamas" = What is your name?
"Me llamo" = My name is

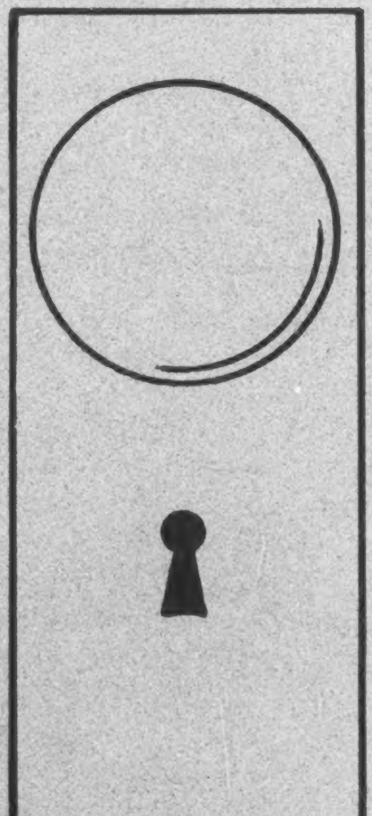
G15 *What Is My Name?*

After seeing films or filmstrips or listening to stories about ethnic heroes, children are coached to act out verbally or in pantomime actions or characteristics of certain heroes. The rest of the class tries to guess the hero's name as one child dramatizes that person. The child who identifies the hero correctly takes the next turn at being actor.



UNIT 3

WHERE I LIVE



Unit 3

Where I Live

Health Topics:
Accident Prevention–Home and Community

"I love my home, it's nice and safe for me,
I leave all matches on the shelf.
I don't take pills all by myself,
I don't taste all the things I see.
Just what a grownup gives to me.
Healthy, that's me! And I'm going to be
Always taking care of me, so I can grow up happily."

A. **My Home and My Health**
Home Activities, Meal Time, Family Activities, Sleeping Area, Bathing and Toileting

B. **Home Hygiene**
Comb, Brush, Toothbrush, Washcloth and Towel, Clothes, Bed, Eating and Drinking Utensils

C. **Environmental Safety**
Accident Prevention, Home Accidents

D. **Neighborhood and Community**

Introduction

The purpose of this unit is to assist the child in adapting to his environment so that his health needs will be best served. The primary environment for the growing child is his home, followed by his neighborhood and later the community. An important part of his growth development is the need to know how to maneuver himself safely in his world, and how to use this environment to derive maximum benefit to himself from it.

Unit II was primarily concerned with the child's social environment. This unit concentrates more on the physical environment in which the child lives and interacts. It is an accepted fact that a healthy environment is needed for the development of a healthy body and mind. While much of a child's environment is provided by adults, what is stressed here is that the child is not a passive element. On the contrary, he acts upon his environment, responds to it, and uses it to construct his reality and develop his concepts. As part of this development, it is important for him to learn to do the things that will enhance his mental and physical health, well-being and safety.

The child's home environment may be meager, disorganized, overcrowded and in general have many inadequacies in terms of a healthy environment. This unit will be particularly important in helping the child learn how to care for and manipulate himself in an almost "hostile" environment. The human organism is extremely adaptable, and the child born into and growing up in a particular home environment becomes adapted to and attached to his home, whatever its inadequacies. For this reason the child may have some unlearning to do, having learned, even at his early age, some improper (in the sense of not being best for his health) ways of adapting to his environment. Therefore what is provided and what happens in the Child Development Program will have to contain many carry-over possibilities. It may be that by working with the child, the parents and family may also be helped to improve situations in the home.

A potential problem may be inherent in this unit. That is how to expose a child to a richer, more adequate environment without creating dissatisfaction and feelings of inferiority in the child about his own home–perhaps on a subconscious level–the very thing we are trying to overcome. The preschool staff worker (teacher, parent coordinator, social worker, etc.) will have to find something good and positive in every home. Help the child explore his environment so he may experience the joy of creating his own practical and successful solution or adaptation to situations. This will serve him best in his immediate future.

There are two important topics which deserve a great deal of attention in this unit. One is the subject of environmental safety, and the other is hygiene in the home.

There are many ingenious ways of introducing the child to his larger environment–his neighborhood and the total community. Many child development programs already have been using field trips in their communities as part of teaching. The special emphasis here is on safety and accident prevention and what the child must do to protect his health in the environment of his neighborhood and community, which is fraught with many hazards to the young child.

Basic Questions for Teacher Preparation

A. My Home and My Health

What should a teacher know about the environment in which her children live?

How can safety practices be taught in the use of home facilities?

What arrangement and use of home furnishings can be made to help prevent accidents?

What family value judgments about housekeeping activities can children be exposed to which relate to maintenance?

How can materials which are unsafe be made unaccessible to children?

B. Home Hygiene

How can the child be assisted in the proper use and care of his own personal health items?

How can the child's family best be encouraged and helped to find ways of providing health necessities for the child in the home?

C. Environmental Safety

How can safety attitudes be "built into" the child?

What safety precautions should be observed in and around the home?

How can children be made aware of dangers so that they will react with caution rather than fear?

D. Neighborhood and Community

What health services are provided by health department and community volunteer health agencies and how can children be made aware of them?

How can the child be taught to live safely in his larger environment?

What field trips in our neighborhood are possible that will familiarize the children with the many health services available for their protection?

What community health services provided by policemen, firemen and sanitation engineers exist in your neighborhood?

Background Information for Teachers

A. My Home and My Health

The home is a place for cooperative living and growing. It is a place where through roles and interpersonal relations the child develops self-awareness, awareness of others, and attitudes and values about those in his family and of himself as a family member.

Family activities are functional and recreational. They help the child grow socially and emotionally or they may impede his growth and well-being. His physical environment encompasses more than rooms, space, furniture and appliances. It includes light, air, sound, smells, color, personal belongings and people. Community rooms such as hallways, kitchen and bathroom should be comfortable, clean and available to children when they need to use them. A place should also be available at a table where the child can eat. The bathroom, in addition to being clean and available, needs to have a temperature appropriate for the season so that children will enjoy using the toilet, washing and bathing. Some way of achieving privacy should be sought (e.g., doors, curtains, screens, furniture arrangement) so that when privacy is desired, it is available to all members.

Primary References

Booklet - "The Cognitive Environment of Urban Pre-School Children" by R. Hess, V. Shipman, J. Brophy and R. Bear. The Graduate School of Education, University of Chicago, Chicago, Illinois (1968).

Pamphlet - "My Home and My Health - Safety Zoo". Published by North Carolina State Board of Health, Accident Prevention Section, Raleigh, North Carolina.

Resource Sheets - Resource Sheets for Teacher by Sylvia Tester. Published by Pre-School Publications, Box 3959 ET Station, Commerce, Texas 75428 (Picture 4, 5, 6, 7, 10)

Pamphlets - "Low Income Teaching Kits on a Clean House" from U.S. Dept. of Agriculture, Federal Extension Services (various packets available).

Picturecharts - A Health and Safety Program for Fives - 16 picture charts and Teacher's Resource Book. Published by Scott, Foresman and Company, Chicago, Illinois. Kindergarten Charts of the new Basic Health and Safety Program by Henrietta Gula. Chart 3 - Where You Live; Chart 4 - In a Line We Will Go; Chart 16 - School's Out.

Study Print - "What We Do Day By Day". Published by National Dairy Council, Chicago, Illinois 60606. Study Print No. 9.

An interested teacher should want to know more about where her children live, what the attitude of each child is toward his home and the facilities in the home–where the child sleeps, eats and washes up; heating, ventilation and special housing problems of the family. Children love to "Play House" and create and dramatize "play" which involves them in the use of home facilities and homemaking tasks.

Activities at Home

Meal Preparation

The kitchen is an area of good aromas where food is prepared and sometimes a place where children eat. They learn chores and help mother or caretaker figures with cooking, washing dishes, storing food. They learn about:

1. what is stored in the refrigerator
2. the names of vegetables, fruits, meats, fish and other foods
3. what is stored in cupboards (utensils, canned foods, cereals, dried foods and other items)
4. the use of utensils

They learn table manners:

1. appropriate behavior at mealtime
2. cleaning hands and face before eating
3. use of different dishes and utensils for various foods: glass, cup, soup bowl, dinner plate, dessert plate
4. the order of different foods as observed by the family

What We Do at Home Concerning Meal Time

Talking at the table can be fun and self satisfying and adds to the enjoyment of the meal

Help set the table

Help clear the table

Talk, sing, say prayers and relate shared experiences

Celebrate birthdays, anniversaries, school and work achievements

Entertain friends

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Activities	**Game**
A24 - A38	G16

Family Activities

Playing games, listening to music, playing a musical instrument, storytelling by older members, group singing, family get-togethers to plan recreational activities: picnic, trip to a relative, a special school program; sewing, drawing, showing hospitality to friends and relatives.

Sleeping

The home provides a place for sleep, rest, dressing and undressing. A place where clothing is kept. A place of quiet when needed, also a place to play and share feelings and thoughts with other members. A place where bedtime stories are told and lullabyes sung. A place for intimacy. A place where good night hugs and kisses are experienced. A place where the child receives reassurance before he goes to bed that he is loved and accepted for what he is. The bedroom may be the place where he keeps his toys, puppets, paints, crayons, favorite pictures and other playthings. He learns to care for them and puts them away when he has finished using them. If he shares a bed with another family member, he learns to respect and cooperate with them.

Bathing and Toileting

The home has a place to use the toilet, wash one's self, brush teeth, comb hair and bathe (if a tub is available); a place to learn grooming (see *Unit IV*). Bath is a time to play with water toys or share the experience with an adult or older sister or brother who assists in washing and drying. Also a time to enjoy a sense of one's self without clothes and to feel aware of washing and drying as healthy activities. It is a time to be happy being a girl or a boy.

Values Brought Out in This Unit

a. Sharing the home with others and respecting their need for quiet and privacy.
b. Using materials that belong to you or asking permission to use another's.
c. Sharing materials or radio-TV program with others in the home.
d. Respecting the needs of family members for quiet, sharing and cooperation.
e. Learning to ask permission to use another's things and feeling a responsibility to handle them with care.
f. Sharing pleasure and joy through praise, rewards and non-verbal communication.

B. Home Hygiene

The need for the child and his family to learn about having some personal items for the exclusive use of each member is important as accepted social and hygiene practice. It is not that we are suggesting that persons in a family have something "dirty" that is catching, but the establishment of personal health habits is important and will help protect the family. When germs are inadvertently brought in from the outside, the person who was exposed to them may not feel any effects, but they may be passed on to younger or weaker members of the family who may not be able to fight them off.

Every person's mouth contains many and varied germs. An individual can cope with his own mouth germs but not with germs from another person. That is why individual tooth brushes are most important. Using drinking and eating utensils that another person has used without first washing them carries the same danger. The wash cloth and towel, comb and brush that we use on our faces and heads and around our delicate, sensitive eyes, ears and nose, which are openings into our bodies, should also be individualized for our health. The preschool center can be a model for personal hygiene by providing space for and encouraging each child to bring his own toliet articles to be kept and used there. Instructions will then be more readily accepted for carrying over into the home environment.

C. Environmental Safety

1. *Accident Prevention*

Accidents cause more death and injury to children than any illness or disease. Child Development Programs have a real responsibility for the safety education of its children in harsh environments. The chilmust be taught very definite limits here–what are unsafe acts and dangerous items they must keep away from. No game or contrived activity can teach as much as firm words from the teacher and her assistant when the child goes beyond the safety limit. The formal activities given are for discussion and reinforcement. This is not the time for mildness or permissiveness, but a time when a child must learn NO and NOT TO. Safety principles must be stressed kindly, but firmly and consistently. It is not necessary to evoke fear in the child–just make him alert to the fact that it is really important for him to follow rules of safety.

Children must be given explanations as to why a particular thing is dangerous. Instead of simply forbidding an act, show him how to accomplish it safely (to cross a street, carry scissors, etc.). A sober demeanor and uncompromising instructions should help to impress upon the child's mind the seriousness of the topic. This should be coupled with much sensitivity and concern for the injury sustained in the form of an object lesson for all children.

The teacher must be alert to dangers in the environment–indoors and outside–so she can either eliminate them or warn the children about them. She must also discipline her own habits of behavior in the children's presence in order to set a good example for them. She should watch what she does with matches, how she handles knives, scissors, nails, tacks, medicine, glassware, etc. how she walks down stairs, closes doors, and so forth. Children are greater imitators and will repeat what they see done.

2. *Home Accidents*

One of the most serious topics in this curriculum is the subject of safety education. It will be centered in the classroom, but should have much carryover value for the home. As has been stated, the most common causes of death, injury, crippling and disfiguring to children are accidents. MOST OF THESE ACCIDENTS OCCUR IN THE HOME OR JUST OUTSIDE THE HOME. Some of the more common causes of accidents, which all preschool staff and volunteers should be on the alert to prevent or intercept, are as follows:

Burns - From stoves, heaters of all types, open flames, hot liquids, hot drinks, any very hot object; playing with matches, firearms, explosives, firecrackers, etc.

Poisoning - Children "tasting" all sorts of liquids; cleaning fluids, medicines, paints, varnishes, kerosene, gasoline; and imitating adult medicine taking–even aspirin and other common or thought-to-be harmless pills. The staff should also be aware of the possibility of drug abuse in the community which might involve or affect the child, such as the use of marijuana, LSD, etc., by siblings, friends or neighbors.

Lead Poisoning - Eating, sucking or gnawing on plaster or paint from deteriorating walls in old buildings; furniture (beds, cribs) and other painted objects, including toys. All painted objects should be suspect. Check labels and warn children and parents of this danger, which can cause brain damage and even death.

Falls - From tripping over or running or bumping into an object. Watch clutter on floor and in rooms generally. Check for faulty flooring; holes, cracks, uneven spots, loose boards. Avoid climbing on unsteady supports. Stairs are especially dangerous, even when in good repair, and only one or two steps can be just as dangerous as a full flight. Check for broken or weak steps, lack of hand rail or bannister. Establish iron clad rules against running on stairs. Falls can also occur on wet or slippery floors; clean up spills immediately or declare area "off limits." Keep large objects out of lines of movement. Watch especially for rough, jagged edges sticking out of walls, doors, furniture.

Electric Shocks and Burns - Children should be taught to keep away from electrical outlets and cords. Keep electric wires off floor and out of children's reach. Watch for loose or frayed connections and coverings. Protect plugs and outlets on walls, electric appliances and motors.

Suffocation - Plastic coverings and containers can cause suffocation, and children should not be allowed to use them for play. Even the 4 to 5 year old may not be fully aware of the danger, especially of the light, see-through type of plastic covering used by many dry cleaners. Also guard against the possibility of children getting trapped in air-tight spaces such as the well-known abandoned refrigerator. Guard against hanging ropes, cords, etc., which may catch children around the throat and cause strangulation. This includes all rope-like objects around the neck in dress and play.

Small Objects - Foreign bodies can get in eyes, ears, nose, throat, windpipe, or be swallowed. Be on the lookout for all likely objects in your environment. Remove if possible; warn and admonish children. Establish firm rules when the danger is constant.

These are some of the more common types of accidents reported for children of preschool age. You will have special dangers in your environment for which to be alert. Accidents, of course, should receive immediate attention. Instructions concerning the treatment and care of injuries are given in Unit V under Health Care.

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Games

G17
G18
G19

D. Neighborhood and Community Safety

Most accidents to preschool children occur in the home because this is where they spend most of their time and are most likely to be left unattended. However, as children venture outdoors and are increasingly on their own, they must learn safety rules and precautions for this larger and more potentially dangerous environment.

The first step is to help the child become acquainted with his neighborhood and community in the same way he has learned locations in his home and school. It is important that he knows his home address, if in a city, or its location, if in a rural area. He also should learn its general location and the landmarks in his neighborhood–natural ones such as hills, streams, cultivated farm areas, woods, open land, vacant lots; and man-made ones such as streets, roads, trails, houses and buildings. The location of public facilities will help the child structure the world around him. With this knowledge, he can begin to learn about safety in his larger environment.

After a child knows where things are located in his neighborhood, he should learn about what goes on around him, and the potential dangers he will encounter. The following is a list of possible hazards in the larger environment:

Automobile accidents - Crossing the street, riding in a car or other vehicle. Children should learn to obey traffic signals and to look carefully before crossing streets or roads. When riding in a car or the school bus they should be instructed about proper boarding procedures and seating behavior. Drivers, whether they use a private car, truck or bus, should be given instructions about the maximum number of children to be carried and the observation of good driving practices and traffic laws.

Falls - Into abandoned wells, mines, quarries, deep pits or holes.

Drownings - In pools, lakes, rivers, other bodies of water too deep or too swift for escape.

Cuts and Bruises - From broken glass, nails, tin cans, etc. in trash and other areas. Special danger from rusty or dirty nails–puncture wounds which may cause lockjaw.

Burns - From open fires; burning leaves, trash, dry grass, etc. Children should be taught to keep away from fires.

Bites - From insects, rodents, stray and wild animals. Caution children against petting or playing with unknown stray cats, dogs and other animals. Some children may be too fearless and forward. This is not to say that fear of all animals should be encouraged, but children should learn proper caution around animals. Proper authorities should be notified when dangerous organisms are found in the environment, or when strange animals are seen wandering around.

Along with these dangers, children should also receive a word of caution regarding people. Unfortunately, there are some sick people around who look for opportunities to harm children. Children should be taught to be wary of strangers who offer them candy, money, rides or invitations to locked or lonely places. The thin line between caution and overcautiousness is difficult for young children to understand, and it will take time for them to develop adequate judgments. The wise teacher will present warnings and advice about talking to strangers in such a way that children do not become fearful of all people. They should be warned about the possibility of strangers who can mean harm and learn what to do when confronted with such a situation.

A child also needs to learn how to play safely. He should be careful around play equipment so he does not run or bump into other children. Accidents occur when people are not alert and cautious, and children should learn to "watch out" when they are having fun. The swings and slides and other play apparatus children use should be checked for loose connections, splinters, rust and rickety moorings. If they are not strong enough to hold adults, they are not safe for children.

Classroom Activities

Teaching Aids

Teaching pictures–where eating, sleeping, playing take place

Study print–where bathing, brushing teeth, combing hair, etc. take place

Storybooks–policeman, fireman in my neighborhood

Photograph scrapbook–children bring pictures of clean-up day or week pictures of their home and neighborhood

A24 *Suggested Projects*

The teacher, children and parents can focus attention on an art workshop where arts and crafts techniques can be used to set up a "Home Show." The children can draw a house and put in rooms, fixtures and furniture. The industrial arts teacher can take the class to his workshop and demonstrate his skill in helping interested children to build a playhouse and make play furniture. These trips to the industrial art department can be spread over a period of weeks in preparation for "Home Show." As Home Models are completed, they can be displayed as "Our Town." The children can "lay out" imaginary streets by cutting and shaping paper "Thruways." Play cars, fire engines and other mobile items can be brought from home by the children as "props." Fathers who are carpenters and painters could help their child at home to build a playhouse for the "Home Show." Children are taught to use safety precautions in working with tools and materials so that accidents are prevented. In case of accident children use the First Aid Kit to give immediate care until further services are given.

Class Activities

A25 Having household pictures for children to cut out furniture pieces, appliances, and place them in appropriate rooms which they draw.

A26 Class project of designing rooms on a mural using chalk, paper, crayon, cut outs, collage, and different textures to picture content of rooms.

A27 Children use play corners to simulate family meals, family preparation, family sleeping. Different children from a variety of ethnic groups will demonstrate different customs (different foods and furnishings).

A28 Sing songs about family.

A29 Sing songs and dramatize roles of mother, father, and other members (use family substitute figures).

A30 Puppet play—children changing roles concerning eating experiences at breakfast, lunch and dinner.

A31 Visiting different homes and observing a mother preparing different foods and a father doing heavy work. Children also observe and help in some activities and cleaning up.

A32 Visit home where infants are fed, bathed, diapered and put to bed.

A33 Children can talk or draw about an experience at home.

A34 Children can show and share their favorite dish, fruit, drink, etc. with the other children.

A35 Children can role-play mother and share with another child the washing, eating, and sleeping experiences.

A36 Practice with doll beds, making and unmaking beds, washing and drying toy dishes and assisting in preparing foods for parties and play.

A37 Make up exercises showing how you might repair floors, windows, stairs, roof, ceiling, etc., paint walls and furniture for home.

A38 In Playhouse, arrange rooms according to local customs and traditions; select colors, fabrics, discussing color combinations by season, type of activity in room, degree of use, etc. Involve both girls and boys in planning a home. Bring out safety features in all activities.

Games

G16 *Danger! (at home)*

Rules:

The children are coached to make everything *REAL*, and to remember that each is all alone in his own house. They will have to be reminded of this often. Using a large space, perhaps the whole room or a large rug as the acting area, the children respond to things the teacher coaches them to experience in the environment she places them. She guides them through specific rooms in the house and asks them to react to dangerous objects and situations in each room.

Example:

Open the door and walk into the bathroom. Watch out for the bar of soap on the floor. Pick it up. Feel it carefully. Know if it is wet or dry. Put it where it belongs now so that someone else doesn't come along and slip on it. The radiator is on high. Feel its heat from where you're standing. Know if you should touch it with your hand. Leave the bathroom now and go to the kitchen. Watch the roller skate in the hall. Put it somewhere out of the way then go on to the kitchen . . . .

Discussion:

After coaching the children through as many rooms as the teacher has planned (perhaps only one in depth, perhaps four generally) the teacher should sit down with the children and ask individuals to tell how they felt during parts of the game, and what they did to solve the problems she gave them. They will discover that they reacted differently to the problems and solved them in a variety of ways. One child may have put the roller skate in a closet, another under the telephone table. One may have put the soap in the soap dish, another thrown it in the tub. Ask the children to choose the safest among the solutions that were presented. Ask the children to explain why certain objects were dangerous. The teacher may include in the discussion other possibilities—things that did not happen during the game, but which she would like the children to think about. What if you had been home alone and there was a knock on the door? What if the phone rang? What if the heater had caught on fire? The TV wire had sparked?

G17 *Danger! (in the neighborhood)*
Rules:

Generally same as above, but the environment has been moved to outdoor, on the block, in the neighborhood.

Example:

Let's go outside. Open the door. Oooops. Watch the broken bottle. Keep walking along the sidewalk (grass, road, according to part of the country). Continue for as long as there is interest. Either have a planned list of dangerous objects you want the children to encounter or let your imagination find them as you walk along with the children: bees, snake, rat, large barking dog, large puddle, thorny bush, matches, abandoned car or refrigerator, etc.

Discussion:

Let the children tell how they reacted to the problems of the game. Then present possibilities which did not happen during the game. What if a strange man came along and wanted to give you some candy? What if an older boy offered you a cigarette?

G18 *Crossing the Street*
Rules:

Players go from one side of the room to the other as they "cross the street."The teacher coaches them around obstacles.

Example:

traffic jam
speeding car
large hole in the street
workmen drilling
wet paint on crossing walk lines
red light - yellow light

Discussion:

Ask different children how they reacted to the same obstacle. Ask each child why he thinks an obstacle was dangerous. Give your ideas only after the children have given theirs.

G19 *Driving Down Main Street*
Rules:

Pantomiming cars or using kiddie cars or trikes, the children drive along a planned route in the classroom or outdoors as the teacher coaches them to react to problems.

Example:

a child fell in the street
a hole in the street
red light - yellow light
rain
ice

Discussion:

The children tell their reactions and why various situations were dangerous.

UNIT 4

I'M GROWING AND CHANGING

Unit 4

I'm Growing and Changing!

Health Topics:
Physical and Emotional Growth and Development; Growth and Development of Teeth; Nutrition; Physical Education; Perceptual-Motor Development; Development of Special Senses

"I'm glad to say, I'm growing every way
I dress myself now every day
And put my clothes and toys away.
I eat good food, and stand up straight.
When I'm grown up, I'll be great.
Healthy, that's me! And I'm going to be
Always taking care of me, so I can grow up happily!"

A. How Old Am I?

1. Physical Development
2. Dental Development
3. Development of Special Senses

B. Grooming As Part of Growing Up

1. Cleanliness and Hygiene
2. Care of the Body
3. Dressing and Clothing

C. Aids to Growth and Development

1. Food and Nutrition
2. Exercise-Movement Education
3. Perceptual-Motor Development

D. How Do My Feelings Develop As I Grow?

1. Mental and Emotional Development
2. Attitudes and Actions
3. Slow Development

Introduction

Here the child is introduced to the magic of growth! He learns that he and all living things get bigger and bigger, and that changes accompany this increase in size. Plants, animals and families grow and develop. As they grow and change, their needs and behavior change. Sometimes you can tell by their size how much growing they have done, and sometimes by what they do.

The prime example will be the child's own growth and development. It may be helpful in relating this principle to use plants and animals in the Center to demonstrate growth. The technique of marking the wall or a tape to indicate each child's growth in height is encouraged. In this way he will be able to directly observe his own growth rate and how it is unique for him as compared to other children in his group. This also means that throughout this unit he will use his own former position as a measurement of his growth. He should learn, too, that size is not the only criterion of growth. Activities and games will be devised so that he will know what it means when he answers that he is 3, 4, 5, etc. He can also begin to develop a general concept of emotional growth and anticipate expected behavior by watching his older siblings, parents and friends.

It has generally been observed that children from disadvantaged homes are forced to mature earlier than other children. This may be necessary because the parents cannot affort to have helpless, dependent children to care for along with all the other burdens of a disadvantaged home. In this case, a child needs all the help he can get in preparing for what he will have to face in growing up fast. This unit on Growth and Development should permit him to enjoy his age, take pride in his accomplishments and look forward with pleasurable anticipation to growing up. Every child does this at his own particular rate, and he should not be pushed or held back due to fond expectations or group pressures. Through various experiences the teacher or group leader will be able to judge the comfortable rate of progress for each child. With the assistance and encouragement of the teacher, a child will understand what he is striving for and how to gauge himself.

The relation of hygienic principles to growth will be brought in here to answer the questions of what helps a child grow better, faster, stronger or more healthily. The need for sleep, exercise, rest and good nutrition can be organized around the topic of growth and development. Feeding plants and animal pets can be a related exercise. Head Start already has a great deal of material on Nutrition Education, and it can be used to good advantage here.

The child will need much help in the area of emotional growth. The wise and sensitive teacher can dispel many of the fears of childhood which lead to emotional upheavals. She should be alert to emotional displays stemming from the home and family situations or expectations and build games and activities in which the child can act out or express in other media these emotions. Thus helped, the child can find increasingly more adequate ways of handling his emotions, attitudes and actions.

The section on grooming can be fun for the child and he can take great pride in improving his observation, judgment and skill. This is an area that should not be neglected because it is part of growing up, and it can mark a disadvantaged child either by its overemphasis or its neglect.

Basic Questions for Teacher Preparation

A. How Old Am I?

How can a child be taught that his development begins at birth and is continuous?

What are the traits, abilities, characteristics and capacities of 3, 4 and 5 year olds?

What criteria based on observable behavior can a teacher use to measure growth and development of a child?

How does he feel about growing and changing?

B. Grooming As Part of Growing Up

How can a child learn to pay attention to his appearance?

What can he do to take care of himself; his body, hair, clothes?

Why is good grooming important?

C. Aids to Growth and Development

What experiences must a child have with food, rest, sleep and exercise which will help him realize his total growth potential?

What major changes have occurred in physical education exercise programs that can be used to improve the health and physical fitness of children?

What exercises help develop perceptual-motor areas?

D. How Do My Feelings Develop As I Grow?

What help can you give a child in understanding his strengths and weaknesses in relation to himself and to others?

What effect does phsyical, mental, social, emotional and ethical growth have upon personality development?

What ways are there to improve, and evaluate a child's feeling of growth and development?

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Project Head Start film on Nutrition. *"Jenny Is A Good Thing"* (English and Spanish).

Background Material for Teachers

A. How Old Am I?

1. Physical Development

It is of utmost importance to realize from the very beginning that *each* child has his own growth and development pattern. His pattern may resemble that of other children, but his timetable is strictly his own.

During the period from 2 to 5 years the child develops faster than at any other period of his life. Parents and parent-substitutes (teachers) are the major influence in his life. Within this period of bursting growth and development, it is useful to further subdivide the years into stages. The 2½ to 3 year old is a different child from the 3 to 5 year old. The 2½ year old child shifts his absorption from himself, as seen in the earlier toddler stage and begins to explore people and things. His world of imagination emerges. Between 5 and 6 most children have settled down to waiting to learn how to do things right and to imitate adults.

The healthy 2 to 5 year old child is physically sound, socially adjusted intellectually alert and emotionally secure. He plays vigorously and has a never-ending desire for activity. He tends to be noisy and he gains steadily in weight and height. It must be remembered that pounds and inches are merely measures of quantity and do not alone determine healthiness. As stated earlier, the child s timetable of growth is strictly his own. Average rates of growth are as follows:

Weight

2½ years–quadruple the birth weight

5 years–double the 1 year weight (1 year weight = triple the birth weight)

Height

1 to 7 years– grows approximately 3 inches a year

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Activities	Games
A39	G20
A40	G21
A41	G22
	G23
	G24

Development of Skills of the Average Child

Motor-Sensory Skills (Hands)

Handedness:
- 3 to 4 years—shifts from one had to the other
- 4 to 6 years—less shifting each successive month
- 6 years—predominately right- or left-handed

Self-feeding:
- 2 years—begins to use fork in addition to spoon
- 3 years—can spread butter or jam on bread with knife
- 4 years—can cut with knife if food is soft
- 6 years—can cut most meats with knife

Self-dressing:
- 2 years—puts on simple garments
- 3 to 4 years—can put on more difficult garments and manipulate simple fasteners, as zippers and large buttons
- 6 years—dresses self completely, even ties bowknot and shoes

Grooming:
- 2 to 3 years—brushes hair without rumpling it
- 3 to 4 years—brushes teeth successfully
- 5 years—brushes and combs hair successfully

Self-bathing:
- 2 years—washes front of body
- 5 to 6 years—tries to shampoo hair
- 6 to 7 years—washes back and neck successfully

Writing:
- 3 to 4 years—prints a few large letters
- 5 years—prints first name and numbers 1 to 5
- 6 years—prints entire alphabet and numbers 1 to 20

Copying:
- 3 years—copies vertical line and triangle
- 5 years—copies square
- 6 to 7 years—copies diamond

Ball Throwing and Catching:
- 4 years—tries to throw and catch
- 6 years—fair success in throwing and catching if ball is large

Block Building:
- 2 to 3 years—copies a simple model of a tower
- 3 years—places blocks in regular piles or rows
- 4 years—builds 4-block tower without model
- 5 to 6 years—builds more difficult figures

Play Skills:
- 3 to 4 years—cuts, pastes, weaves, paints with fingers, scribbles with crayon or pencil
- 4 to 6 years—hammers, saws, paints with coarse brush, draws with crayon or pencil, knits with spool or large needle, puts together simple puzzles

Common Posture and Leg Skills of Childhood

Posture Skills:
- 3 to 5 years—stands straight with back upright and abdomen in
- 3 to 5 years—sits straight with back upright and legs hanging from chair (or touching floor if a low chair is used)

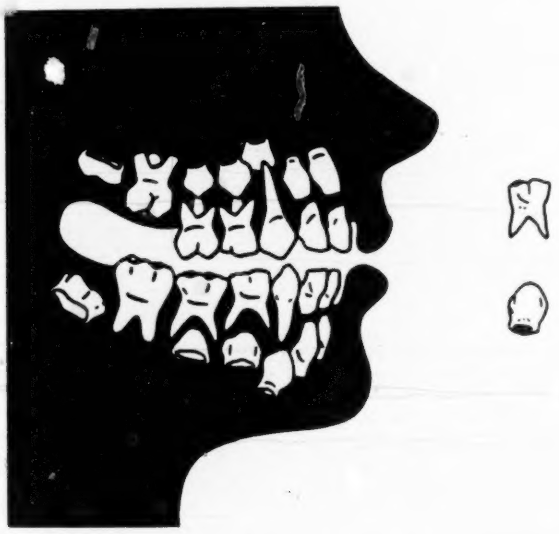
Leg Skills:

walking	2 to 3 years—walks sideways and backwards; walks upstairs and down with help; stands on one foot with help; walks between two parallel lines 8 inches apart; walks on tiptoe
running	3 to 4 years—runs with few falls 5 years—plays running games
jumping	4 years—jumps from height of 12 inches; makes standing jump of 23 to 33 inches 5 years—jumps over low obstacles 5 to 6 years—jumps rope
skipping and hopping	3 years—hops with two feet together 4 to 5 years—skips to music 6 years—hops on one foot
bicycling	3 to 4 years—rides tricycle 6 years—rides bicycle
swimming when taught	2 years—swimming movements of legs 3 to 4 years—swims simple strokes 5 to 6 years—dives
skating	5 to 6 years—roller skates and ice skates on two runners
stair climbing	18 months—climbs up and down on all fours 2 to 3 years—walks up and down but holds on 3 years—walks up and down without holding on 4 years—uses legs alternately in walking up or down

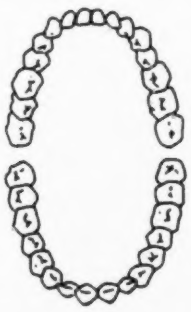
2. Dental Development

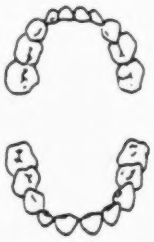
Before a baby is born all twenty of the deciduous or baby teeth are formed and growing in the jaws. By the time a child has reached 6 months of age the first teeth are ready to come into the mouth or erupt. The teeth continue to erupt in a definite order and in definite places until, at approximately 2 years of age, all twenty of the teeth have completed their eruption and are in use. Some of them will remain in use as the child grows and develops until about 13 years of age before being replaced by permanent or adult teeth. *Eleven years of service is required of some of our first teeth!*

The permanent or adult teeth begin their forming and growing processes in the jaws while the baby teeth function, and by 6 years of age there are twenty-eight adult teeth present but not visible. (Figure 1)



Twenty baby teeth and twenty-eight adult teeth all present simultaneously make this time a CRITICAL PERIOD FOR THE FUTURE DENTAL HEALTH AND OVERALL WELL-BEING OF A GROWING CHILD. Unless things go well the future dental health is already in jeopardy. (Eruption Chart - Figure 2)





How Do Teeth Grow?

Teeth are living parts and are formed from special tooth cells in the jaws. These cells join, grow and shape into the forms you later see. Special minerals join into the growing tooth to harden parts of it. Calcium, phosphorous and other substances combine for this purpose. Once the tooth has formed and is hard it begins to work its way through the jaw bone and gum until it rises in the mouth. This movement is called eruption. Exactly why and how eruption happens and how a tooth knows when to erupt is not completely known, but many things must work well together to make it do so. If anything goes wrong, eruption will be affected in some way.

The timetable that shows when each tooth is due in the mouth is very important. If a tooth is too late showing, the dentist must then search for the reason and determine if growth is being slowed down or interfered with.

Why Are Baby Teeth Important?

Having all twenty teeth in the mouth and healthy between the ages of 2 and 5 is very important.

We depend on these teeth to:

1. Chew our foods.
2. Help us learn to speak properly.
3. Give our faces a pleasing shape or form.
4. Act as guides for the permanent teeth to erupt and maintain space for them to do so.
5. Aid in the proper growth of the jaws and face.

If our first teeth are faulty, unhealthy, or lost, any one or all of these functions could be interfered with. Proper growth and development depends on all of them.

Kinds of Teeth and Their Locations and Functions (Deciduous - Baby Teeth)

The teeth are divided evenly between the upper jaw or MAXILLA and the lower jaw or MANDIBLE.

There are ten in each arch as follows:

1. CENTRAL INCISORS
   Number 4 (2 in upper jaw or arch) (2 in lower jaw or arch) Each has 1 root
   Location - In the front and middle of the mouth
   Function - To tear and cut food
2. LATERAL INCISORS
   Number - 4 (2 in upper arch) (2 in lower arch) Each has 1 root
   Location - On either side of the central incisors
   Function - To tear and cut food

3. CUSPIDS OR CANINES
   Number - 4 (2 in upper arch) (2 in lower arch) Each has 1 root
   Location - Just behind the lateral incisors at the corner of the mouth
   Function - To tear and cut food
4. MOLARS
   Number - 8 (4 in upper arch) (4 in lower arch) 2 or 3 roots
   Location - 2 just behind the canines in each arch and on each side
   Function - To crush and mash food

What A Tooth Is Made Of

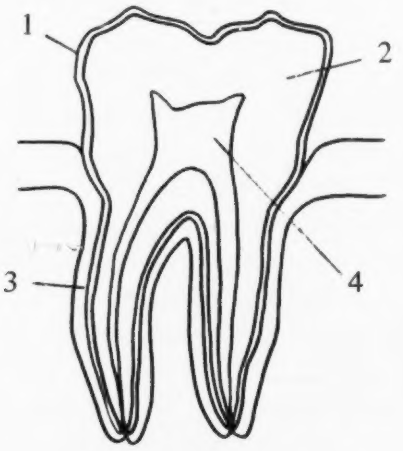
A tooth is divided into two main parts:

1. Crown - the part we see in the mouth
2. Root - the part hidden in the jawbone

A tooth is made up of four things:

1. Enamel - the hard, white shiny covering of the crown which we can see;
2. Dentin - the yellowish part inside the crown and root;
3. Cementum - the hard covering of the root;
4. Pulp - the soft, red inside of the crown and root where the nerves and blood vessels are.

(Note: Gums cover the jawbones and fit around the teeth. See diagram.)



All parts of the mouth must be healthy and clean if teeth are to be healthy, and all the teeth must be well if we are to use them to do their jobs.

WHAT THINGS MAY CAUSE TEETH, GUMS AND BONE TO STOP WORKING PROPERLY?

Anything that interferes with a tooth in its lifetime—from early beginning up to its use in the mouth—may cause problems for us. The most important thing to remember, however, is that most damage to the teeth is COMPLETELY PREVENTABLE or at worst CORRECTABLE before irreparable or costly harm is done. For example:

1. Most inherited birth defects are correctable before the child is 1 year of age (cleft lip, palate, etc.). NO NEED FOR POOR APPEARANCE OR SPEECH PROBLEMS.
2. Fluoride in the water helps teeth grow stronger and more resistant to decay even before the child is born. NO NEED TO HAVE SOFT TEETH.
3. Fluoride and good brushing habits prevent decay in deciduous (baby teeth) and permanent teeth and may even help stop decay that is just beginning.
4. Complete diets including all vitamins and minerals help keep bone, gums and teeth healthy. NO NEED FOR POOR TEETH OR BONES.
5. Certain habits practiced after teeth are in the mouth which could cause poor occlusion (the way the teeth meet) are:
   a. Thumb or finger sucking
   b. Nail or lip or cheek biting
   c. Incorrect swallowing
   d. Breathing through the mouth

All are correctable with time and a skilled professional. NO NEED FOR CROOKED TEETH.

6. Regular brushing, dental checkups and proper diet can prevent tooth decay. NO NEED FOR PAINFUL, COSTLY UGLY, DANGEROUS CAVITIES.

Remember that the way in which the baby teeth are aligned and maintained along with the proper time of their loss and replacement is the key to the adult dentition. If our adult teeth are faulty we may face a lifetime of problems. NO MORE TEETH CAN BE GROWN AFTER THESE! THIS IS OUR LAST CHANCE.

What Can Be Done to Protect Our First Teeth?

The responsibility for care of the teeth rests with the PARENTS, THE DENTAL HEALTH TEAM and THE CHILD.

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Activities
A42
A43

3. Development of Special Senses

a. *Vision and Perception*

Young childern are normally farsighted, since the eyeballs do not become completely rounded until the age of 6 or 7. Therefore, in target games the target should be at least 6 feet from the child, and the object thrown should be relatively large.

Three and 4 year olds tend to use the shape of objects rather than color for identification. The 5 year old makes more of a distinction between colors and the 6 year old uses both color and form to identify things. For this reason, 3 and 4 year olds need to be exposed to a variety of shapes in their learning experiences, with more emphasis placed on form than on color.

Another aspect of vision is "figure-ground" identification, which relates more to perception than to sight itself. This is the mental ability to pick out a shape or an object from the area surrounding it. Figure-ground identification reaches its peak during the teens. On the preschool level it varies greatly with the individual child. Older children do better than younger ones, and boys do better than girls. Children can be helped to develop this skill by the activities provided in the pre-school program. Eye-muscle development can be helped by watching the darting movement of fish in a fish bowl or tank. Therefore, in setting up an aquarium in the room, do not have too many plants and other objects that would interfere with seeing the swimming fish.

Young children have to learn how to judge how far objects are from them. This is not easy at first and it is quite common for them to be bumping into things. They can be helped in learning to judge distances by the placement and grouping of objects at various distances, some with distances already known to them which can be used as reference points for gauging the distance of other objects. Children must also learn to judge longer distances by the size of an object—what artists call "perspective"—and with this will come the realization that things remain the same size even though they seem to get smaller with greater distance.

The visual illusion that a stationary object is moving and the temporary inability to see an object may result from focusing the eyes too continuously on the same spot. The teacher should encourage children to shift their vision occasionally when they are engaged in an activity that involves looking at a fixed point while doing something else (as in balance beam exercises).

b. *Hearing (Audition)*

Babies experience sound sensations prior to birth. Response to sound therefore develops before parents and teachers have much to do with it. Too much sound or too much noise can have a deafening effect. This can be actual physical deafness, or psychological "tuning-out" of sounds. Psychologically, this can be done selectively, as well, when it requires a shifting of attention or change of subject and especially when it is in reference to something that is deemed undesirable. The saying that "we hear what we want to hear" is a psychological truism. Young children are very likely to follow this principle. The child also has to learn to pick out one sound from a noisy background. For example, mother's voice on a busy street or teacher's voice in a noisy classroom. This is auditory figure-ground perception. It has also been found that individuals tend to move or direct attention to the direction from which [illegible] ound comes. In dealing with young children this [illegible] cause some confusion—if directions are given to move in a direction that is away from the voice giving the instruction—standing on the left side of a room and telling children to go the right may cause some initial hesitation.

Rhythms in sound are recognized early in childhood—before the child has developed the ability to recognize rhythms or patterns by sight. This means that the child can judge distance from eminating sounds before they can make such judgments by sight. We have discussed above the problems involved in a child's ability to tell how far away things are by size (and patterning)of an object. The use of motor activities (exercises, movements, etc.) with sound rhythms will help the child in developing this ability. This could lead to learning how much time it takes to get to one place from another, how fast an object is going that might strike him or that he must reach (catch, touch, etc.).

Balance Mechanism - The Inner Ear.—The organ just behind or within our "hearing ear" by which we balance ourselves is not fully developed until the age of 2 and 3. Thus, young infants rarely get seasick or carsick from the motion. The balancing sensation from this organ known as the inner ear tells us which part of our body is up. Dizziness results when it is not working properly. Spinning oneself around while looking at an immovable spot can counteract this feeling. There are many spinning activities that children can be involved in to improve their balancing ability - for example, modified versions of merry-go-round, using the hula hoop, ropes and scooters. These activities should be done with proper supervision, as done to excess (which some children delight in!) can cause the opposite effect--complete loss of balance and falling out.

c. *Touch (Tactile sense)*

The development of the sense of touch starts at the top, or head, of the body and proceeds down--the head, face and upper limbs before the lower limbs. The mouth and tongue are well-developed early, which accounts for the young child exploring objects with his mouth during the first two years of life. This may be continued beyond the age that it is necessary, and Child Development Programs can help the older child (3 to 4) become familiar with using other organs of touch. The other parts of the body which develop a keen sense to touch are fingers, palms of hands, toes, and soles of feet, in that order. Hairier parts of the body are also more sensitive. The body trunk--front and back--is the least sensitive to touch. To help the young child develop and know more about his sense of touch he should have many opportunities to explore his environment through touch by using all of these body areas. Activities involving the trunk area of the body, (which is most often neglected) are log rolls, forward and backward rolls, and sliding both head first and feet first. It is recommended that swimming experiences should begin no later than age 4. Having the whole body in the water is a wonderful way to allow children to experience the sense of touch all over the body surface. As the body is buoyed up by the water, a sense of freedom and lightness is created. The child can note the difference of feeling when a part of the body is in or out of the water, feeling the movement of the water against his body, all of which are delightful sensations. Swimming activities are not included in this curriculum as few programs have such facilities. However, parents can be encouraged to take children on family swims--with proper attention to water safety precautions.

Another part of the body in which the sense of touch should be strengthened is the soles of the feet. Keeping shoes on children all the time, while safety factors are important, hinders the development of this sense in the feet. This experience is extremely important for letting the child know about shifts in his weight and surface textures. An attempt should be made to provide safe ground areas where the child can be barefooted sometimes and experience a variety of sensations on his feet. This may be accomplished indoors, e.g., sandbox, different types of flooring, carpeting, imitation grass, and possibly, a wading pool.

d. *Proprioception (Sensing internally the position of the body and its parts)*

This sense is present before the baby is born. It gives the child information necessary for precise movements. This sense is aided by having the child perform motor activities with his eyes closed and focusing attention on the position of his body and limbs.

B. Grooming As Part of Growing Up

In our concern for helping the child develop habits of good grooming and a clean, neat, healthful appearance as the situation calls for, it is well to remember that children use the adults around them as models. While in the preschool Center there is usually no need for "dressing up," teachers, aides and volunteers can be a good example by making sure their own appearance is neat. Sloppiness of clothing, shoes, hair, hands, fingernails and other noticeable areas will surely be passed on to the children. Concern for appearance at the expense of freedom of movement and expression in play and other vigorous activity is not what is required. After vigorous play, a routine "clean-up" is as much in order as cleaning up the room after a "messy" activity.

"Wash up" after play affords the child an opportunity to remove the wastes secreted by body pores. Time alloted for "wash up" and the easy accessibility to such facilities after free play develops habits of personal cleanliness, and not only makes the child feel better but also makes him more socially acceptable.

1. Cleanliness and Hygiene

The teacher should encourage each child to bring a set of toilet articles of his own to keep in his cubicle (such as washcloth, hand towel, comb, brush, nailbrush or file, etc.). Where it is not possible for the family to provide essential items, the teacher can give some thought as to how the child and his family can be assisted. Paper towels are a must for frequent handwashing, such as after toileting, but the teacher should establish a more thorough washing up activity several times a week. The Center should consider providing several individual wash basins (metal or plastic) and face mirrors, which can be placed on the tables for a group activity in which the children can see what they are doing in face and ear washing. It is also suggested that the Center have bathing facilities for the children–shower stalls, modern tub with plumbing or portable tubs, where children can enjoy taking baths with the supervision and assistance of an adult. If a room is available, several portable tubs might be placed there and several children (with sufficient adult supervision) can have almost as much fun as going to the beach! Children love water play, and this can be capitalized on in learning to like bathing, rather than regarding it as an unpleasant chore.

2. Care of the Body

The standards of personal hygiene that we set should be such as to allow children to be acceptable to their playmates as well as to adults. We want them to feel comfortable and at ease in the ways they practice cleanliness in any group they may encounter. The care of the skin, hair and nails should be covered with special attention to specific parts of the body (e.g., face, eyes, ears, lips, nose, hands, elbows, underarms, knees, pubic area and feet). Practice sessions in caring for these areas should be scheduled in which there is a review of the use of the body part and how it is to be kept functioning well–clean, free of odor, wholesome appearing, so as not to detract from the well-being of the child in any respect. (Care of pubic areas can be taken up privately when bathing or toileting child.)

3. Dressing and Clothing

In relation to grooming, children should be taught how to polish shoes, clean fingernails, comb and brush hair and tidy up after play in terms of rumpled appearance of dresses, trousers, shirts–tucking in, pulling down and smoothing out where appropriate. For it is by our appearance that we are all judged, and whether we approve such judgments or not, we have to accept this way of the world and help children to realize this fact for their own well-being.

The teacher should inform parents that the child participating in the program should be dressed in play clothing which is machine washable and requires very little or no ironing. The wearing of "fancy" clothes should be discouraged. Lightweight clothing, depending on the environment, rate of activity, etc. affords the child a great deal of freedom of movement. The wearing of several layers of clothing is best when a child is active in free play because it enables moisture-laden air from the body to escape and keep the clothing dry. Whatever material is used for clothing should not inhibit the child's normal activities, endurance, coordination, dexterity and quickness of response. In cold weather clothing that allows the child to move quickly increases the metabolism and keeps the body warm. Clothing that allows for good body ventilation is ideal. A child sweating during free play is normal and healthy–that is nature's way of keeping the body temperature near normal.

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Activities

A44
A45
A46
A47
A48
A49
A50

C. Aids to Growth and Development

1. Food and Nutrition

Adequate food is essential to the growth and development of all children. Actually, eating food - putting something into the mouth and swallowing it down inside the body - is one of the first and most direct contacts with the outside world which will continue through life. The senses of taste and smell, which let us know what it is we are putting into our mouths are some of the earliest sensations received from the environment which can be explored by the child in learning about his world. Much learning for the child goes on by these routes. Child psychologist, Bruno Bettelheim, says that eating and being fed are closely connected with our deepest feelings. It affects how we feel about ourselves, the world and our relation to it. Thus, a child who is well fed has a happier outlook on the world.

What goes on WHILE the child is eating is also important. Dr. Bettelheim also states that how the child is being fed and how he eats has a larger impact on his personality and his development than any other experience. Eating experiences affect a child's outlook not only in terms of nutrition, which is important to physical growth, but in terms of the feelings and attitudes with which the food is given. Some important character traits that develop around the eating experience are the ability to control one's self, to wait and to work now for future rewards. The very young infant will cry for his next feeding. As he grows, depending upon his experiences, he may learn to wait patiently, knowing that sufficient food will be given him at mealtime. It is through the pleasurable experience of fullness, repeated many times, that the child comes to feel that the world around him is good, that it is good to be a part of this world, and that he is wanted. Eating and relieving hunger reduces tension and anxiety, which in themselves can block intellectual and emotional development, in addition to building strong, healthy bodies.

Thus mealtime and snack time are basic educational experiences for the child around which the rest of the program can be built. Most authorities are now recommending starting the Center day with breakfast. Breakfast is our most important meal. It prepares us for the day; we have just passed through the night, more than eight hours without food, and the body needs this nourishment. In addition, the meal can enrich a child's total personality and there is no better way to start the day. Also, many children may not have breakfast before they leave home. Others may have an inadequate breakfast under rushed and/or stressful conditions. This cripples the day for them. A Center breakfast would therefore give all the children the same nutritional head start for the day. Sharing a common meal, sitting with a small group around a table, with those whom the child will play with during the day, helps prepare him for these relationships. It is well known that food is a great socializer—the sharing of a meal, "breaking bread together" is one of the oldest ways of bringing people closer together. At breakfast, the teacher can observe her children to determine their physical and emotional status, stimulate pleasant conversation and make plans for the day's activities.

The preschooler uses tremendous amounts of energy in such daily activities as running, climbing and pushing play equipment around. Good food for children means food which gives plenty of body building materials and energy. It also helps to maintain good dental health. Children, like adults, vary from time to time in how much they want to eat and in their food preferences. They have periods of wanting the same foods over and over, then suddenly refusing these favorites. Such food "jags" should not cause undue alarm.

Children may refuse to eat during the first few days while adjusting to the Center. They should be encouraged to eat, but NEVER forced. Appetites may vary from meal to meal and from day to day. Healthy children usually are reliable judges of how much they want to eat. Each item on the menu is an important part of the meal and should never be used as a reward or punishment.

Simple, easily digested foods are recommended. Finger foods and bite-size pieces of meat, raw vegetables and fruits provide interesting variety. Attractive colors in dishes and foods help stimulate young appetites. Use small glasses, cups and utensils. Let children serve themselves; they enjoy it.

Mealtime can accomplish a number of physical, educational and social purposes. It can lead to an understanding of the relation of food to health and well-being and dental care. Mealtime can broaden the children's experiences by introducing them to a variety of foods of different textures, tastes, smells, colors and origins, as well as bringing new appreciations of familiar foods. Food with which the children are familiar should be served frequently. New foods can be introduced gradually so that the children will become accustomed to them.

Parents can be invited to attend meals as guests and share in the learning experiences with their children. Copies of menus can be sent home with children so that mothers can work out meals to complement meals at school. Parents also can acquaint the school with foods that are frequently served at home.

Quality between-meal snacks served 1½ hours before lunch, should be a well calculated part of the whole day's meal plan, especially for the child with a small appetite. This provides the child with renewed energy at times of the day when he needs it. Good snacks may be selected from cheeses, raw vegetables, fresh or dried fruits, juice and cookies, dry cereal, etc. Rich pastries and desserts should be avoided as they will spoil the appetite for lunch. Through tasty and attractive snacks the children can learn that foods do not have to be overly sweet to be good to eat. This is often a good time to introduce a new food.

Organized and regularly scheduled dining can foster good eating habits. However, regularity should not be over-emphasized. Language and social skills can be acquired as children converse and develop social relationships. Do not make the mealtime too regimented or allow it to be too noisy. Many young children become bored when required to sit through the completion of a meal. During the meal, a child can be allowed to get up for a stretch or allowed to move around a little. Some children, at certain periods, will have difficulty in following a rigid pattern. Actual playing at mealtime, however, should be discouraged. Some children eat more slowly than others. Urging them to "hurry up" will only spoil their pleasure in eating. Allow ample time for slow eaters. Allow at least 30 minutes for eating.

Mealtime should be a friendly, relaxed period when the children and adults, either at home or at a Center, sit down in a peaceful setting and together enjoy tasty food and interesting conversation. The classroom with tables and chairs the right height is usually the most desirable place for the meal to be served.

Children can be encouraged to talk about the food they are eating, what foods they like the best, how food makes them grow, what colors the foods are, what they taste like, how they are grown, where they come from, or how they got to the Center. A teacher with a lively imagination can keep a conversation about food going for the full lunch period. In such a sociable atmosphere, the children are encouraged to speak to the teacher or their neighbors about the food they are eating, and at the same time, learn new words.

Mealtime also offers a chance to learn how to use knives, forks, and spoons and is the time when basic table manners can be introduced gradually. The children learn to eat new foods and acquire good food habits which will stay with them throughout their lives. If five or six children sit at a table with one adult, they enjoy the attention of that adult in a pleasant situation that will help them grow socially.

Having the food brought in serving dishes can provide the opportunity to serve family style and can enhance the learning process. Children can set tables, help with serving and cleaning up. Adults at the table have a better opportunity to observe individual differences, maintain control and provide for each child only the quantities he can consume, thereby reducing waste and promoting better habits of food conservation.

Menu planning should be under the direction of a qualified nutritionist. A professional nutritionist - as a staff member - should be responsible for developing all aspects of the nutrition and food program of the Center agency. This includes training in nutrition and food for all staff in the pre-service and in-service training programs. The responsibilities of the nutritionist and staff members and parents as well as the subject matter to be covered in the training sessions are in the Head Start nutrition series booklets #3 and #3F inclusive.

Some attention must also be given to economics for the Center. An economical food service is one that has little waste. Food that lies uneaten on a child's plate costs the Center money without giving the child any benefit. The cook, the nutritionist and staff should guard against waste by being sure the servings are not too large for a child to finish.

If your program does not have a nutritionist to prepare menus, there are trained specialists in the community who can assist: home economists in health and welfare agencies and in business, food companies, utility companies; school lunch supervisors; county and home demonstration agents; hospital dietitians; nutrition and home economics personnel in high schools, colleges and universities. Menu ideas may also be found in the pamphlets in the Project Head Start Nutrition Kit and other nutrition educational materials from the Department of Health, Education, and Welfare (see Appendix).

Lunch should be hot and well balanced as it may be a child's main meal for the day.

The cultural background of children must be considered in planning meals. People who live in different geographical areas and come from different ethnic backgrounds often enjoy certain foods that seem strange to other people. An Indian child's idea of a good lunch may be nothing like the lunch a preschooler in New Jersey might enjoy. Again, nutritionists, cooks and parents must choose foods that the children are comfortable with; however, they should try to introduce new foods gradually. Menus must take into consideration the foods that are plentiful in the region. A Child development program in California would certainly be able to offer a wider variety of fresh fruit in winter than would a center in Maine.

Food is a very personal part of family living. From the time a baby takes his first suck of milk, he begins to think of food in terms of mother, love, warmth, and all the happy things surrounding home. For this reason, the nutrition and food programs must be closely associated with the parents of the children being fed. It is the parents who can advise the nutritionist what foods their children enjoy. This is especially important if most of the children are of a different ethnic background. In talking with parents about their children's nutritional needs, the nutrionist and cook-manager can learn to what extent these needs are being met at home so they can plan menus to fill the gaps.

Nutrition adequate to sustaining life and contributing to health and growth is one of the basic problems of all families. To attempt to deal with the issue with some degree of understanding, we must clearly see what has contributed to the present state so that we can suggest modifications that will deal with the problem realistically.

There are six factors that determine the food choices of any individual, community or group of people: 1) economic resources and cost; 2) psychological attitudes; 3) food availability; 4) food attributes; 5) social and cultural patterns; and 6) physiological needs.

Economic considerations play an important role in the food choices of families. Therefore, every attempt should be made by all Center staff to help families make the most of their meager financial resources through consumer education programs and by informing them about food programs in the community, such as U.S.D.A. Extension Services, Food Stamps and Commodity programs and local Welfare Department programs. Collective pressure from the Center may also be used to enlarge nutrition services and facilities in local communities. The nutritionist and social service workers should take the lead here. However, economics is not the only problem, and consideration must also be given to the other factors involved.

Perhaps the next most important factor is psychological attitudes. Many foods have certain deep seated values attached to them because of their association with past and present events in the lives of the individuals. They may be deemed pleasant, unpleasant, desirable or undesirable. Food has much symbolic value and this may influence food choices regardless of the economic factor.

Availability is a practical consideration. This is determined in part by the advances in food technology and the demands of the community. Nutrition education should help exert some efforts toward seeing that the community has nutritious, low cost foods available for the Center's children's families, which will in turn benefit the whole community. Some attention should be given by the Center staff as to what is going on in the entire food industry. Those living in farm communities are fortunate in having large amounts of fresh produce available to them.

Food attributes help determine choices on an individual basis. These are characteristics that appeal directly to the individual such as flavor, odor, texture, color and temperature. Also included here is the feeling of fullness which the food gives, a factor that often is misleading. Because food appeal, especially the fullness factor, is used by many low income families in their food selection, it should be kept in mind by the Center staff in nutrition education.

Social and cultural patterns determine the eating habits of the family also, and in turn the food demands of the community. Again, regardless of cost, this factor influences choice and must be considered when any modification is contemplated. It should also be remembered that almost every religion has some food prescriptions that must be respected. What a particular food means to a group in terms of family organization, prestige, association with specific activities or festive occasions and group pride will be affected by changes and modifications in dietary practices. These are factors which cannot be taken lightly and must be given thoughtful consideration by all involved. Included at the end of this section is a chart giving the common foods eaten by some ethnic groups in the United States. This information can also be used when planning a festival for Unit II.

Physiological needs should be the primary consideration in choosing food. Unfortunately, for most people it is too often the last consideration. Usually, it is only the nutritionist, physician, dentist and other health specialists who see food in this light. Although this is the basic reason for eating–to add quality to life, preserve health and improve growth–we must all work through the foregoing five factors to achieve this objective. However, this primary function must never be lost sight of by the Center staff, and every attempt must be made to use these factors to the best advantage.

In order to plan and prepare meals that will keep her family healthy, and take into consideration all the above factors, a housewife must know a great deal about food–the amounts and kinds needed to keep the body healthy. After learning about the kinds of foods needed, parents may need help in how to buy wholesome foods with their limited income. This will include suggestions on what to look for in selecting foods, how to plan healthful menus for the family, and how best to cook the food so that food value is not lost in cooking.

Parents and local staff are the ones who should decide what a course in consumer and nutritional education should include. It will vary from place to place depending on the background and previous exposure of the parents. Every child, along with his brothers and sisters, his mother and father, and anyone else living with him, stands to live a healthier life if the cook in his house knows how to plan and prepare nutritious meals.

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Activities		Game
A51	A59	G26
A52	A60	
A53	A61	
A54	A62	
A55	A63	
A56	A64	
A57	A65	
A58	A66	

TRADITIONAL EATING PATTERNS

That Have Been Associated With
Some Groups in The United States
(as described by parents from a number of communities)

	BLACK*	RURAL WHITE	AMERICAN INDIAN	PUERTO RICAN	MEXICAN AMERICAN
BREAKFAST (A.M.)	Grits, other Cooked & Dry Cereals Bacon or Ham & Eggs, Hot Breads, Milk for children if possible	Cereals – Canned Milk, Oatmeal, Hominy Grits, Dry Cereals, Coffee, Bacon & Eggs occasionally	Bacon & Eggs or Indian Pancakes – Mutton Stew, Milk, Dry Cereals	Oatmeal, Farina, Corn Meal Cereal or Eggs, Sweet Sausage, Bacon, Juice or Fruit	Eggs, Coffee, Oatmeal, Cream of Wheat, Corn Flakes, Fried beans
LUNCH (Noon)	Sandwiches, Soda, French Fries or Potato Chips	Sandwiches, Cracker Soup, Potatoes and Gravy, Meat Stews	Fried Potatoes Mutton Stew, Fried Bread, Tortilla, Calif. Nuts, Acorns	Soup, Hamburgers, Fried Potatoes, Rice and Beans, Boiled Fish and Potatoes	Same as Dinner, Tortillas, Sopillas, Cheeses, Fruits
DINNER (Afternoon-Evening)	All Meats, esp. Pork, Greens, Wild Game, Beans, Gravy & Potatoes, Frankfurters	Wild Game, Venison, Rabbit, Potatoes, Corn, Peas	Mutton, Bar-B-Que, Fried Potatoes, Beans, Squash, Dandelion & Wild Greens, Corn	Rice and Beans, Boiled Green Bananas, Salt Fish, Egg Plant All unusual Meats	Fideo (Spaghetti), Pinto Beans, Split Peas, Squash, Wild Greens, Tomatoes, Green Pepper
IN BETWEEN MEAL-SNACKS	Soda, Ice Cream, Frankfurters, Crackers & Cookies, Hamburgers, Candy, Potato Chips	Sweets, Sodas, Berries, Frankfurters, Hamburgers, Potato Chips	Tortillas, Corn Meal Cakes, Fruits, and Nuts when available	Cocoanut Sugar Candy, Fruit – Bananas esp., Avocados, Pears, Fritos	Tortilla with Butter, Margarine, Cheese or Honey, Sopillas–(Fried Bread Dough) Sodas, Fritos
SPECIAL LIKED FOODS	Chitterlings, Tripe, Sweet Potatoes, Wild Greens, Corn Bread, Hot Breads	Wild Game, Venison, Rabbit	Mutton, Rabbit, Pumpkin, Nuts, Acorns, Sunflower Seeds, Turkey	Avocado, Watercress, Cocoanut Sweets, Tropical Fruits, Green Bananas, Seafood	Pinto Beans, Tortillas, Chili Pepper, Wild Greens, Guava Fruit
TOO LITTLE	Lean Meat Cheese Fruits	Meat, Cheese, Eggs	Meat, Cheese, Eggs, Milk	Vegetables, Meat, Cheese, Eggs Milk	Meat, Cheese, Eggs, Meats, Milk

Note – All foods given may show geographic and regional variations, depending on price and availability.
*In urban areas, diets tend to become more "Americanized" and show more commercial influence.

2. Exercise-Movement Education

Exercises are included in this curriculum to assist the child in developing good habits of movement and carriage before poor, unsightly or clumsy habits become fixed. The developing of strength, stamina, endurance and physical staying power cannot be left to random play. In random play not all the muscles of the body are sufficiently exercised and directed for strengthening and body building. The child needs guidance to correct droopy posture and awkward movements. This adds to his positive self-image and tells the world he has confidence in himself. Through the program we will try to lay a good foundation of healthful habits for an erect body that moves with freedom and grace and conserves energy.

Good posture means good alignment and mechanics of body structure. Diet, rest and exercise are health factors which determine posture. The child who has good muscle tone is able to attain and maintain good postures of standing, walking, sitting, reclining, stooping, jumping and climbing, with the least expenditure of effort and fatigue. Proper posture aids the heart, lungs and muscles; energy is conserved as there are few "useless" movements.

It is at this early age that we lay the foundation for a lifetime's interest in physical activity and physical fitness. While in the growth and development process, there will be a gradual lessening of time for and interest in vigorous activity, we want to preserve this enthusiasm for body movement as much as possible. Medical authorities are finding out that this is one of the best ways of staying in good health. Therefore, rather than telling a child to "be quiet" or "sit still" these urges can be channeled and disciplined without loss of interest, keeping the child's mind open to the joy of using his body for creative and satisfying movement.

One of the best ways to make the child aware of his body is through motor activities. By exercising, the child learns how his body operates in relation to space, time, force and flow (the basic elements of movement), and he learns how to handle his body in a variety of situations. One of the child's earliest reactions to his environment is motor activities, and his first attempts to organize his surroundings are based on these activities. Therefore, special attention will be given to motor activities for the development of coordination, balance, agility and spacial awareness. The child can experience how body movement influences the way he feels about himself and what his movements tell others. In addition, the child's ability to execute movement patterns effectively and efficiently influence his degree of success in a variety of tasks related to schoolwork, play and interpersonal relations. For the child, movement is one of the commonest means of non-verbal expression.

Physical activities suitable for a regular program of exercise begin with a health appraisal and physical fitness test to identify the physical condition of every boy and girl. The benefits experienced by children who systematically participate in at least 15 minutes of vigorous exercise daily are: increased strength and endurance; coordination; joint flexibility; relaxation; good posture; appearance; ease and grace of movement.

Resting or relaxing is an important part of physical fitness as well. The element of rest is conceived as part of body control. During rest, the muscles of the body are inactive. This is essential for the maintenance and improvement of a child's physical fitness.

In setting up or preparing a room for exercises, a large enough space should be cleared so that the children are at least a double arm's length away from one another side to side and front to back. The room should be well ventilated, have good lighting and be free of clutter, especially sharp or dangerous objects. For activities that involve tumbling, the floors should be properly padded for safety. The children should always face the teacher for instructions, and there should be sufficient adult supervision to guide their natural friskiness toward the objection of the particular exercise rather than letting it sink into confusion.

The introduction of rhythm into these activities will add a measure of organization and control that will be acceptable and stimulating, particularly when carried out to music. Music and dance are excellent ways of bringing movement education to children. Have children listen to music, then try to create rhythmic activity and fit the exercises to the rhythm. A list of specially recommended recordings for use with young children is given in the Appendix. Local music may also be used, especially the music of the various ethnic groups, which can be related to special festivals. Use some familiar music and add new tunes.

Rhythms can be tapped out by the teacher. Children can make their own rhythm band using their own and homemade instruments–e.g., toy xylophones, bells, drums, sticks, cymbals. In addition, they can hit other objects together and discover what kind of music they make. Rhythmic activities that involve the use of the body include: clapping, hopping, jumping, skipping, nodding head, shaking body, twisting and turning in time to a beat. This can be lots of fun!

Three types of activities should be part of the daily program: (1) "warm up" exercises, which can be done daily, perhaps just before the vigorous free play period; (2) conditioning exercises for muscle strengthening and body building, which can be built into the structured, active period; and (3) stunts and tumbling, when the teacher wants to have a real "physical fitness" session. These exercises will improve the body mechanics of the child and develop in him a desire to achieve "total fitness" throughout his life. Thus, by his posture and movements the child can say with his body, "Healthy, That's Me."

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Activities

A67
A68
A69
A70
A71
A72
A73
A74
A75
A76
A77
A78
A79
A80
A81
A82

3. Perceptual Motor Development

Throughout a child's school life and his adult life, a high premium is placed on cognitive and intellectual development and ability, while the use of the body in movement is given much less attention. Actually, the young child's physical movement and control of the body in motion is given little guidance–with the exception of assisting him to walk upright by a certain age. In many instances, adults actually hinder the development of body movement activities by carrying the child, keeping him in a playpen, various types of "strollers", etc., thus, discouraging his running about with the excuse that he might "hurt himself" or "break something." However, it has been found that by permitting and encouraging the normal sequence of motor skills and experiences (see pp. -) intellectual abilities are aided. This is particularly true in the areas of vision, speech and reading ability, as well as general intelligence.

Piaget states that sensorimotor experience is basic to later intellectual functioning. The period for the development and use of these sensorimotor adaptations begins at birth, *and continues to about the seventh year,* at which time more complex psychological operations begin to take place. The preschool years therefore are a particularly important period in terms of perceptual motor development as they are close to this transitional stage. Thus, two types of experiences have to be provided for the preschool child. One includes balancing activities, rhythmic activities, using an object in motion; such as, throwing, kicking, striking some object, or person, such as in a relay. The other aspect of these motor activities is the use of the brain in sensing these activities. This is best done in self-testing activities. This involves the perfection of specific motor activities, and leads into the second type of experience. Involved here is the development and improvement of perceptual ability in the use of the various special senses–sight, hearing, touch and proprioception (ability to "feel" where hands, feet, etc. are without looking) separately and in combination with each other. This is done by blocking the use of a sense in an activity. Vision helps us with a great deal of our perception and tends to compensate for weaknesses in other senses. Therefore, the other senses can be best aided by blocking sight–doing things with the eyes closed. Also included here is the development of a more realistic concept of body-size and space requirement for movements.

Most of the activities and exercises given above would be included in the first type of experience mentioned. Specific functions are given for the development of perceptual abilities. Along with the activity, the sense that it is concerned with will be given.

Attention here is centered on providing the child with systematic sensory stimulation and the response of the body by doing a variety of "movement tasks" efficiently. The goal of these activities will be to assist the child to increase his accuracy in knowing how well he will perform both familiar and unfamiliar tasks, to motivate and stimulate him to constantly improve and to enlist the interest and cooperation of the child's parents.

The activities described here are taken from those developed at the Department of Phsyical Education for Women at Purdue University. Further descriptions and information can be obtained from the Perceptual-Motor Task Force of the Physical Education Division of AAHPER (American Association of Health, Physical Education and Recreation).

In all of the movement and motor-perceptual activities, it is most important to give each child the chance to be creative, using his own particular way of moving himself.

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Activities

A83
A84
A85
A86
A87

D. How Do My Feelings Develop As I Grow?

1. Mental and Emotional Development

During the preschool age (3 to 6), a child's curiosity and mental development heighten as he sees, hears, feels and questions. This applies to his inner-self, his body, his relationships and roles, his environment, his food, his peers and, in a way, his whole world.

Changes occur in his relations to his parents and other close adults. In early stages his mother was his primary source of comfort, his protector and teacher, even though the child enjoyed his relationship with his father. During the 3 to 6 year period the father's importance increases for both the girl and the boy. The child's adjustment in this period determines his acceptance of himself as a boy or a girl.

At this time the child needs to discover and to accept his sexuality. He looks for satisfaction in play with children outside the family. He grows more independent and less dependent on his mother and other adults for many of his daily tasks and for his emotional and mental welfare.

The child's vocabulary enlarges at a rapid rate. He speaks longer sentences. He uses language to express wishes and feelings–"I love you" "I don't like you." He socializes with both children and adults.

His need to question increases during this period. Questions become more numerous and seem incessant. "Why?" "What?" "What for?" He uses them to learn the names of things and activities, to get reassurance and to acquire understanding of those around him. His questions help teachers and parents understand where he is, what his desires are and the awareness he has of himself and the world around him. The questions also help him in finding increased peace of mind. Questions also reflect the growing preschooler's need for socialization. He is imitating, in this manner, the form adults use to commence interaction. He may communicate his feelings of loneliness and desire for companionship by asking, "What's your name?" "What are you doing?"

It is not uncommon for a child to lose faith in adults (parents, teachers) and receive no relief from his anxiety when he is told untruths. A child's anxiety may actually increase when his questions cause an adult anger, fear or embarassment. This often happens when children ask: "Where did the baby come from?" or "When you and Daddy yell, do you hate him?" or say, "I don't like you."

In this period between 3 to 6 years, children also need answers to questions about religion, ceremonies and holidays. The responses they receive will help lay the foundation for attitudes in later life. Children love ritual and special days.

Questions pertaining to sex are no different to a child than those about objects or activities. He sees and wonders about everything, and his questions concerning sex are no more emotionally charged than are those concerned with the activity of the moment. A school environment which is accepting will assist the child to think and talk about his concerns and give him the information and reassurance he is seeking.

Children of preschool age have sexual drives, fantasies and wishes. For teachers and parents to deny this is to exclude an important factor in a child's personality. It is not unusual for teachers and parents to discover that a child's fantasies at this age are the result of his imagination and misinformation. The child will gain by airing his ideas, unafraid of punishment or ridicule. He can follow this up by learning what the reality is all about. The following conversation may help the teacher discover the fantasies behind the question: "Many children think about that." "I wonder what stories you have told yourself about why boys stand up when they urinate." "You tell me your story, and then I'll tell you mine."

A boy at this stage who sees the kind of affection his father receives tends to imitate his father, so that he too will be rewarded. So he becomes and acts like a little man. Grooming at this stage is pleasant for him. He likes to wear long pants, suspenders or belts. He cocks his hat like his father. He growls like his father, imitates his walk, his speech and may treat his mother as his father does.

During this stage it is important for father to share his son's interest and fun. His son will soon discover how an adult male does things and enjoy them as well. This helps to channel his development along the road to being an adequate male adult.

A teacher who emphasizes communication and socialization in her class and amongst the peer group contributes to the developing child's mental health and emotional growth, which is associated with maturity when he reaches adulthood.

Today many children live in broken homes where there is no father. Because of the importance of the male figure relationship for good emotional development in the child, the child development program can do much to help compensate for this lack. All male figures with whom the child comes in contact can assist. Male Neighborhood Youth Corps aids may be particularly helpful here and can join in all the games and activities for the child. Rather than doing clean-up work and serving passively as a supervisor, with feeling and understanding they can fill a real need for an older male figure through active leadership the children can imitate.

2. Attitudes and Actions

Ideally a child is building an image of himself as a worthy, contributing member of society, a self who can succeed but also can accept failure without being defeated. The child:

1. is learning to understand his environment and to comply with many of its demands.
2. often may be negative at 2½ years, but gradually becomes able to accept necessary limits and restrictions at 3 to 4 and wants and seeks adult approval.
3. likes to be close to his mother, but his father is becoming increasingly important to him.
4. likes to help around the house–kitchen, shopping, cleaning.
5. is imitative in language, manners and habits and especially imitates his mother and father.
6. is constantly active, but capable of longer stretches of quiet activity toward end of period.
7. shows fatigue by being irritable and restless.
8. is gradually learning what is acceptable behavior and what is not.
9. has great curiosity; asks countless questions.

Special Needs

Security, love and affection from parents

Time, patience and genuine interest from adults

Opportunity to learn to give and take; to play cooperatively

Simple, clear routines; limited choices

How Do I Show Others I Am Growing?

1. Talk more, use more words
2. Feed myself better
3. Dress myself better
4. Listen more
5. Pay attention longer
6. Do things more by myself
7. Keep neater longer
8. Take care of myself–clean teeth, dress, wash face, hang up clothes, comb hair
9. Have more friends
10. Weigh more, wear bigger clothes and shoes
11. Getting taller, can reach higher places
12. Help more around the house
13. Give friends a chance
14. Cry less
15. Take better care of my belongings

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Game

G25

3. Slow Development

For a number of reasons, a child may be slow in developing and possibly retarded. However, we should be cautious in labeling him as "retarded" at this early age. Retardation may be the result of heredity, brain damage or *deprivation.* By deprivation, the experts mean that the child is not receiving the love, affection and kind of care in his daily life that stimulates him and encourages him to learn about and enjoy life. Or it may be that his physical environment is so barren there is nothing for him to use for learning.

Every child, especially a slow or retarded child, needs to feel that he is trusted. He needs to feel loved and respected. Comparing him with brighter children or finding fault with him frequently deprives him of the confidence he needs. Therefore, tasks for him to perform must be such that he can experience success in doing them, and their difficulty should be increased slowly.

Before a teacher makes up her mind that a child is retarded, it is best to have him seen by a doctor, nurse, psychologist or other professional who treats children who have learning problems. Children learn and grow at their own pace, and an average child may be mistaken for a retarded one, merely because the child takes his time in doing new things.

The retarded child requires a relationship that is stimulating and encouraging. This helps the child learn new skills and use his intelligence as best as he can. Sometimes parents feel disappointed and ashamed to have a retarded child. This attitude is damaging both to the child and to his family. The staff can offer encouragement and support to such parents.

Retarded children can grow and improve when they receive confidence, love and a sparkling atmosphere which is friendly and warm. Happy children learn and develop faster than unhappy ones. There is much that the Center can do to help a slow or retarded child. A child deserves the best environment that can be provided, one that makes him feel loved and trusted. In such a setting he will use his resources to the best of his ability.

Activities

A. How Old Am I?

A39 *Birthday Party*

A birthday party can be staged or held on an actual birthday of someone in class. Children celebrate and sing "Happy Birthday" song, and ask child whose birthday it is, "How old are you?" Child answers, "I'm   years old." Other questions may be asked–"How do you know how old you are?" See Game 23 "Guess My Age."

A40 *Measuring Growth*

To let children see how much they are growing, measure heights and weights not less than every two months and at least three times during the year, using growth measurement devices supplied with the curriculum. Have childern fill in this information in appropriate place in their workbooks.

A41 *When I Grow Up*

Each child is asked: "What do you want to be when you grow up?" Following answers ("I want to be a [fireman, doctor, nurse, carpenter, policeman, etc.]"), teacher prompts children to tell why they chose their particular answer and what a person in that occupation does. The teacher can arrange field trips so children can observe adults working in the occupations in which they express interest. After trips, the children can role play the various jobs they have observed.

A42 *Chewing Party*

The purpose of this activity is to encourage children to eat foods that are good for their teeth and avoid sweets. To demonstrate how food helps the teeth, select crunchy foods (apples, celery, carrots, radishes, peppers, cucumbers, etc.) for the children to eat. Talk about the color of the foods and where they came from. Let children help prepare them (washing, peeling). Have them show how they eat food and listen to it crunch as they chew. Stress that this is a good way to clean teeth when a toothbrush is not available.

A43 *Clay Modeling of Teeth*

This activity teaches observation, use of motor skills and concentration. Give each child an outline of a tooth on a piece of paper. Have children cover this outline with clay, play dough, or putty. Suggest to the children that they try to mold a tooth in their hands next time, by using their outline on the paper as a guide.

B. Grooming As Part of Growing Up

A44 *Care of Body Parts*

Have children practice, first with dolls, then on themselves, washing various body parts–face, ears, hands, nails, elbows, knees. Full-length and table mirrors should be used so children can see what they are doing. Equipment: wash basin, wash cloth, soap, water, towel, and vaseline to oil the skin, emory board or nail file, nail brush. Review use of body and how it is cared for. Talk about how animals wash themselves to keep their bodies clean. The following songs may be used in conjunction with this activity:

(To the tune of "Here We Go 'Round the Mulberry Bush")

This is the way you wash your hands,
Wash your hands, wash your hands.
This is the way you wash your hands
So early in the morning.

(Repeat for each
action–face, elbows, etc.)

(To the tune of "Row, Row, Row Your Boat")

Wash, wash, wash my face,
and keep it oh so clean
Merrily, merrily, merrily, merrily
Like a king or queen.

(Repeat for each action.)

A45 *Beauty Shop and Barber Shop*
Let children set up their idea of a beauty and barber shop using building blocks. Prompt them to make models wide enough for them to work inside. Girls set up beauty shop with operators and customers. Let them act out washing, setting, combing hair. Boys set up play barber shop with barbers and customers to act out cutting, combing hair. Children can also play with dolls, using their combs and brushes to comb and style doll hair, if doll has hair that can be washed and combed.

Clothing

A46 Have children sit in circle. Ask each child to look at child sitting next to him and pick out something to say about what child is wearing (red shirt, green socks, corduroy pants, pretty dress, etc.). Discussion can lead into care and use of clothes–how they protect us, keep us warm, look pretty, feel soft, and so on.

A47 Cubicle where children keep their clothing should be discussed as part of clothing care.

A48 Role play–Set up a clothing store, using building blocks, to include both girl's and boy's clothing. Staff the store with a supervisor, clerks and customers. If possible, use real clothing in the store for free bargaining. Bring into discussion kinds of material, weight, color, types of clothes for different uses.

A49 Set up laundry room using play washer, dryer or tub and washboard with clothesline and clothespins.

A50 "Going to a Party" - Let each child choose verbally what he or she is going to wear. Let them use the color chart to show the colors they would like to have.

C. Food and Nutrition

Before Meals

A51 Have a quiet activity to precede mealtime, such as listening to soft music, storytelling, looking at pictures.

A52 Have children wash and "freshen up" before meals, fixing clothes neatly, combing or brushing hair, if necessary.

A53 Select children in turn to help set the table. Have them wipe it off first, guided and assisted by aides as necessary.

A54 Suggest an interesting centerpiece; let children make or select something that will contibute to mealtime conversation.

During the Meal

A55 Family style service is preferred. Children can help serve and learn use of utensils, how to pour from small pitchers. Use serving spoons comfortable for little hands to hold.

A56 Stimulate interesting conversation–activities done prior to meal, those planned for that day or future days, food being served (names, description of taste, smell, color, texture, etc., how they are prepared), how foods contribute to health.

In the Classroom (See Head Start Nutrition Booklet #3F for more details.)

A57 Children can help prepare all kinds of snacks.

A58 Cooking project at least once a week. Popular items: jello, instant mixes (puddings), cookies from prepared mixes, corn bread, beef stew, fruit salad. Special ethnic dishes for use in festivals.

A59 Tasting Party - Something new the cook has prepared. Discuss what it looks like, how it tastes, smells, feels, where it comes from, how it contributes to good health.

A60 Building and making things with foods, telling stories about them (as described in Nutrition Booklet #3F). It is always preferable to use actual foods rather than plastic imitations. In this way children can become familiar with feel, texture, smell, taste, which cannot be conveyed by plastics.

A61 Garden Project - Plan experiments with seeds. Indoor plants or garden can be set up. Each child could have paper cup pot, or a willing male staff member or father might build a planter. Seeds can be planted, children can water plants, watch them grow. If possible, outdoor garden can be planted and tended by whole class. Vegetables grown in the garden can be harvested, washed, prepared and eaten.

A62 Field Trips - To farms, food processing plants, dairies, grocery stores or neighborhood outdoor food stands.

Other Activities - Details for these activities can be found in *Nutrition Education in Action* by Ethel A. Martin (see reference list at beginning of Unit IV).

A63 Housekeeping: "Kitchen" and "Cupboard" play. Cleaning and storage of utensils, food packages, empty containers.

A64 Home and Family: Family roles in planning and preparing meals. Preparation of refreshments for birthday parties and other family celebrations. Plan an imaginary day's menu for a family.

A65 Community: Role play grocery shopping for the above family menu. Discuss why each item is used, where foods come from, how they are brought to local grocery stores.

A66 Our People - "Foods we like." Display pictures and actual foods where possible. Prepare special ethnic dishes.

MOVEMENT EDUCATION ACTIVITIES

Before and during exercises, it is important to give clear instructions and signals to the group by directory order, pause and signal. Directory order tells the children what to do, pause gives them time to get ready and a signal begins the exercise ("Start 1" or "Count 1"). The count should then be continued and repeated for rhythm.

Suggestive cues also should be given to keep the children alert to the activity and aware of their bodies. This can be done by using such cues as: "Stand tall;" "Tummy in;" "Chest up;" "Stretch those muscles;" "Lie flat;" "Hands at sides;" "Hands on floor;" "Weight on both feet;" etc.

Daily Warm Up Exercises

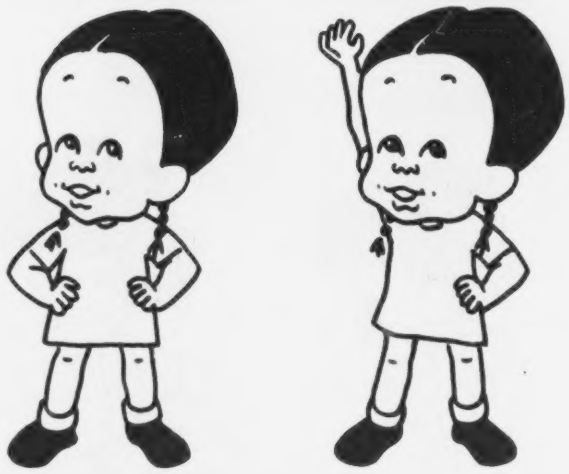
A67 Arm Circling

Starting position:

Feet apart, hands on hips

Action:

1. Complete forward circle of right arm
2. Return to starting position
3. Same action - left arm
4. Repeat; alternate right and left



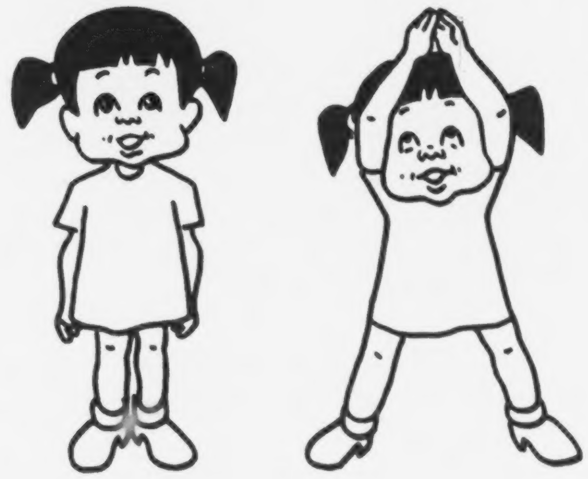
A67 Side Straddle Hop

Starting position:

Feet together, arms at side

Action:

1. Swing arms upward and touch overhead while moving feet sideways and apart
2. Return to starting position
3. Repeat



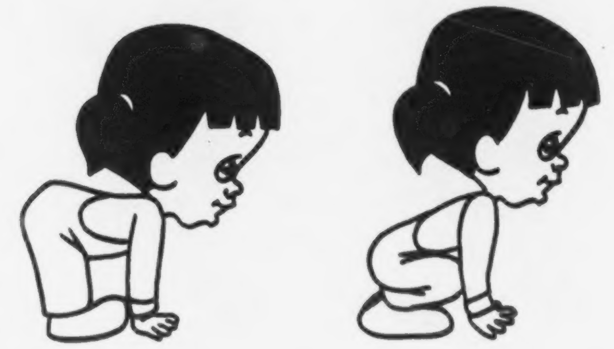
A69 Half Knee Bends

Starting position:

Feet apart, hands at side

Action:

1. Bend knees, place hands on floor
2. Straighten legs, hands on floor
3. Return to squat position
4. Repeat



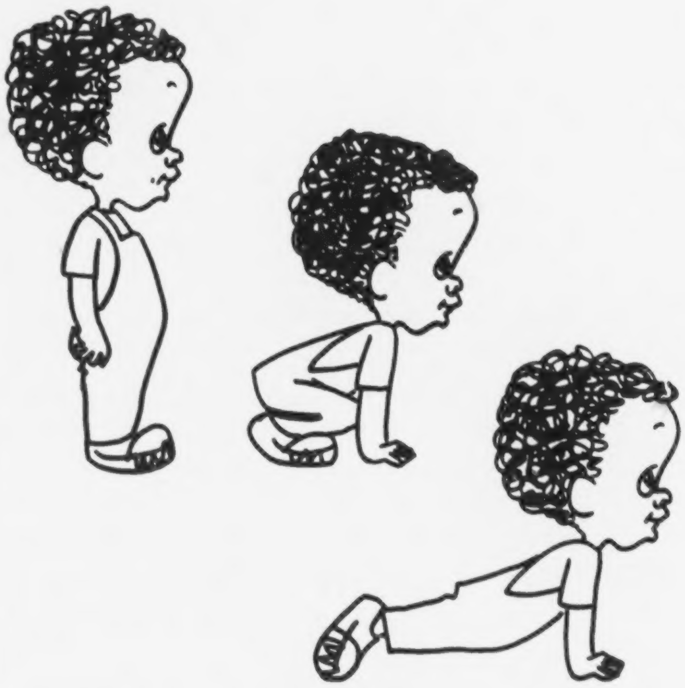
A70 Progression: Squat Thrust

Starting position:

Same as above

Action:

1. Thrust legs backwards
2. Return to squat position
3. Return to starting position
4. Repeat



A71 Toe Touching

Starting position:

Arms at sides

Action:

1. Bend and twist trunk touching right hand to left toe
2. Return to starting position
3. Repeat; same to other side
4. Repeat

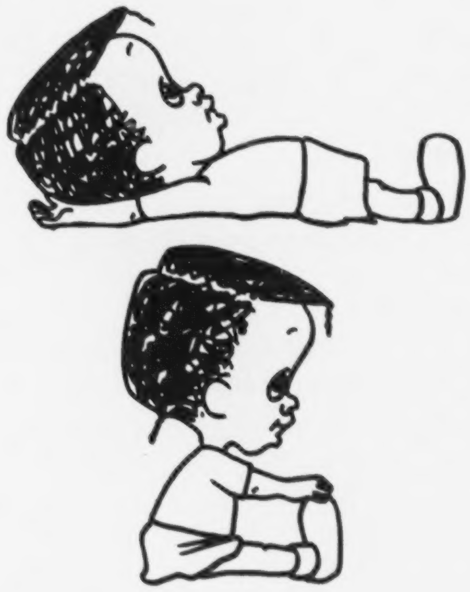
A72 Sit-ups

Starting position:

Lie flat on back, legs straight, arms extended over head

Action:

1. Roll up to sitting position. Touch hands to toes.
2. Roll back to starting position.
3. Repeat



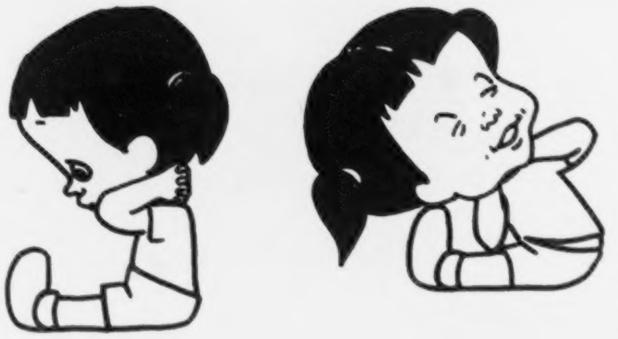
A73 Progression of Sit-ups

Starting position:

Lie flat on back, legs straight, fingers interlocked behind neck

Action:

1. Roll up to sitting position. Touch right elbow to left knee.
2. Roll back to starting position
3. Repeat to opposite side
4. Repeat Step 2
5. Alternate right and left



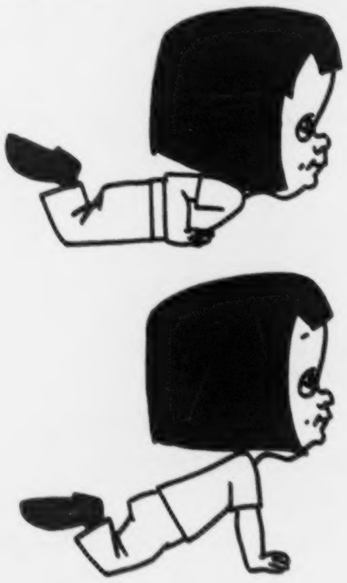
A74 Push-ups - Knee Push-ups (girls)

Starting position:

Lying prone, weight on knees and hands, elbows bent

Action:

1. Extend arms, raise body
2. Lower body so chest only touches floor
3. Extend arms, raise body
4. Repeat Step 2
5. Return

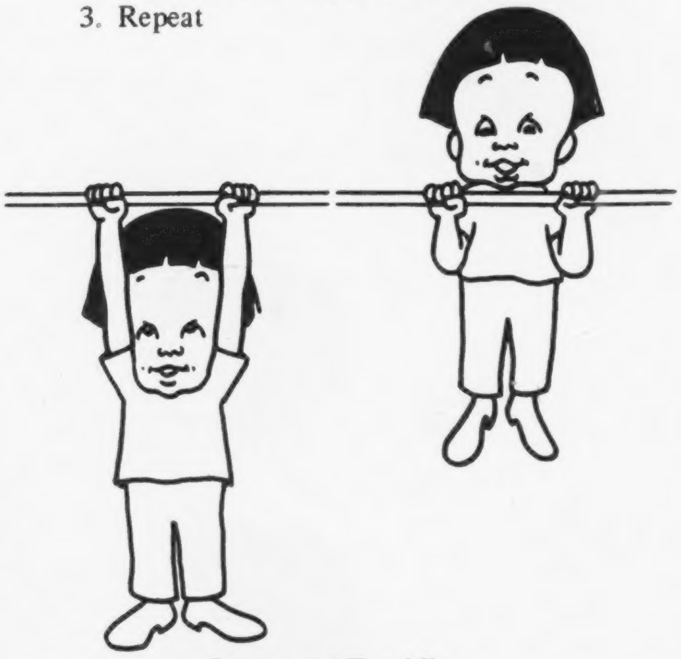


A75 Pull-ups - Hangs (boys)
Starting position:
Overhand grip, arms straight

Action:
1. Pull up to bent arm position, chin over bar
2. Return to straight arm position
3. Repeat

Alternate Hangs
Starting position:
Underhand grip, arms bent, feet on chair

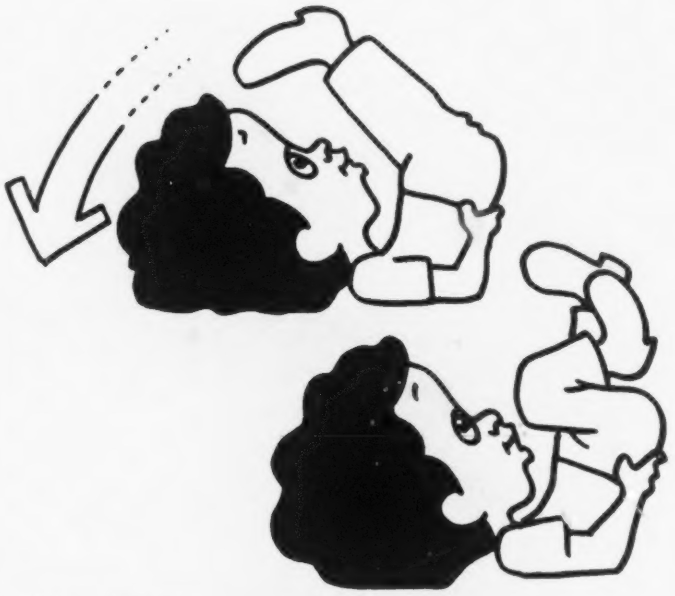
Action:
1. Hang, arms bent, feet free of support (hands only support - count seconds)
2. Return to starting position
3. Repeat



Stunts and Tumbling

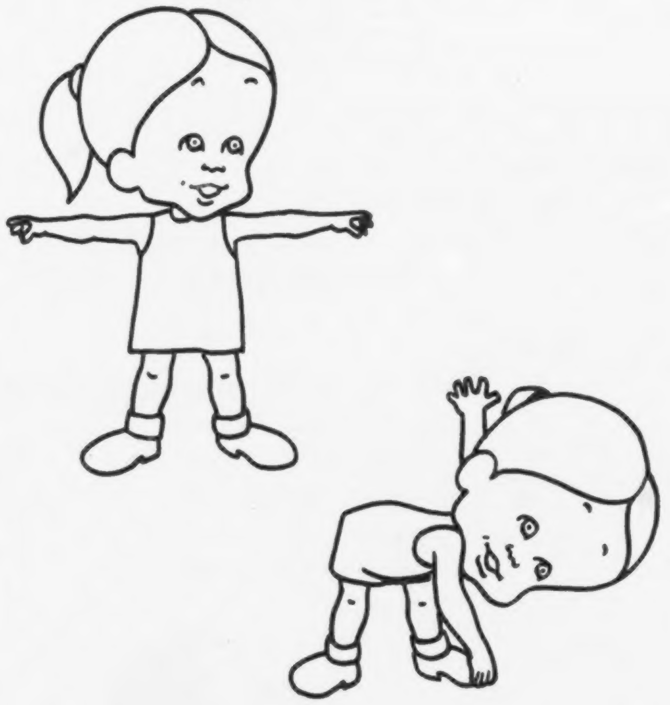
A76 Bicycle and Half Over
Starting position:
Lie on back with hands supporting lower back

Action:
1. Push up so that you are supported by head and shoulders
2. Pedal legs
3. Touch toes over head
4. Return to starting position
5. Repeat



A77 Twister
Starting position:
Feet apart, arms to side

Action:
1. Bend and twist trunk, touching right hand to left toe
2. Return to starting position
3. Repeat; same to other side
4. Repeat



A78 Rope Jumping

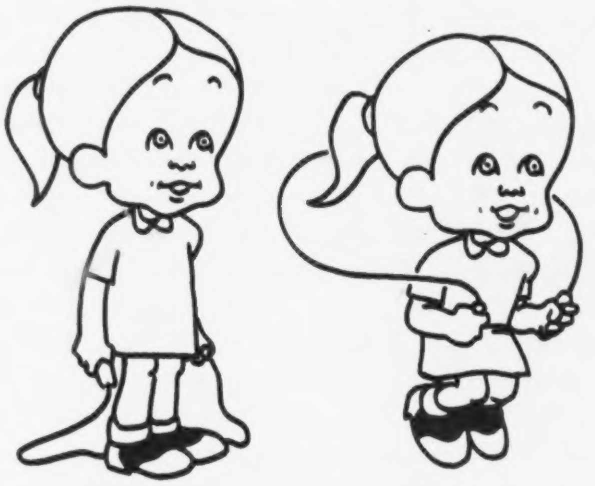
Starting position:
Rope held behind jumper

Action: (with forward turn or backward turn of rope)

1. One jump on both feet
2. Two jumps on both feet
3. One hop on one foot
4. Two hops on one foot

Progression:

5. Cross rope in front each time it is forward
6. Run forward with rope jumping



A79 Duck Walk

Starting position:
Deep knee bend

Action:

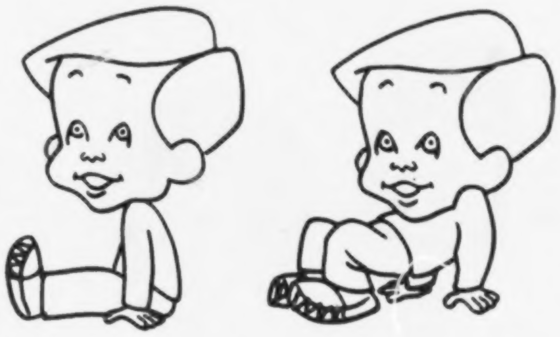
1. Place hands on knees
2. Walk or waddle forward
3. Walk or waddle backward
4. Walk or waddle sideward

A80 Crab Walk

Starting position:
Sit down

Action:

1. Weight on hands and feet
2. Walk backward
3. Walk forward
4. Walk sideward

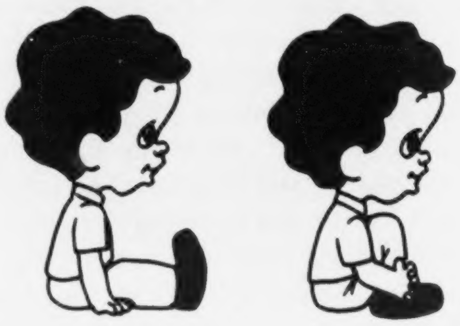


A81 Human Ball

Starting position:
Sit on floor

Action:

1. Draw knees close to body
2. Arms between and under legs
3. Link fingers together in front of ankles
4. Hold securely and roll to side, back, side and sitting position
5. Repeat



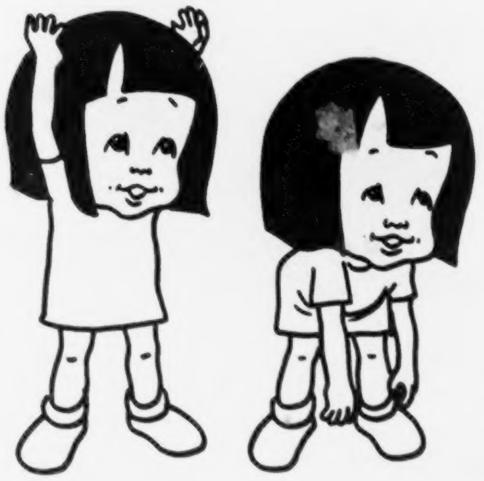
A82 Pendulum

Starting position:

Stand back to wall, arms over head

Action:

1. Lower trunk forward-downward
2. Relax, arms hanging loosely
3. Sway body from side to side, arms and head relaxed
4. Repeat



EXERCISE EQUIPMENT

Heavy Play Equipment

Equipment that uses the child's muscles as energy to develop fitness has much to offer in the area of physical fitness. Play equipment keeps the legs, trunk and arms moving and developing. The child's use of heavy duty play equipment, such as swings, slides, and climbers, tones his diaphragm muscles and increases the capacity of the lungs to inhale oxygen and to exhale carbon dioxide. This type of physical activity promotes good sleeping and relaxing habits of behavior Digestion and weight control are improved by the burning up of calories. All this adds to the health and fitness of the child.

The outdoor playground as a part of the total environment can contribute to the social, mental and physical development of the child. Special emphasis should be given to safety and accident prevention on the playground. Children become more active outdoors and the environment must be checked for safety (see section on Accident Prevention).

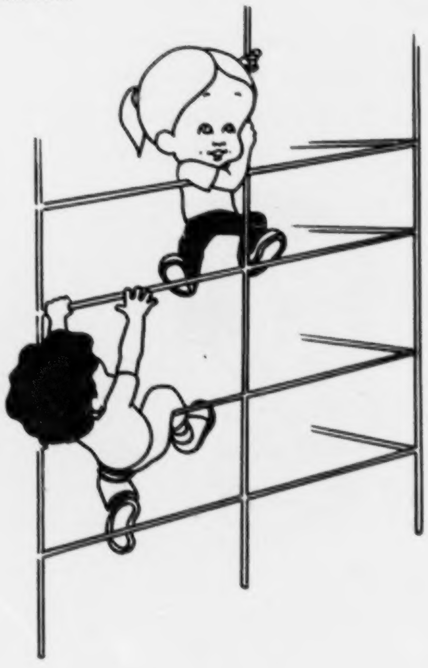
Some suggested equipment and prices are included in the Appendix.

The Junk Playground

A new trend in playground equipment for children is the Junk Playground. This is not an idea to be looked down upon since it aids in developing a child's creativity.

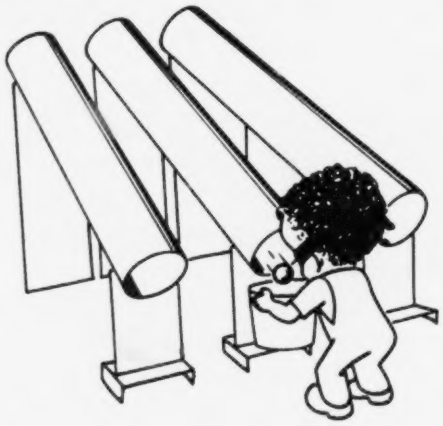
Parents, educators, sociologists and architects in the United States as well as other parts of the world have found that a less stereotyped apparatus encourages creative efforts, imagination, exploration and experimentation. Junk playgrounds have been established in some of the more progressive and innovative architectural complexes in this country, England and Denmark.

Children do not always want to play on fixed equipment. They need equipment on which they can exercise their imagination. The "Junk Playground" or "The Yard" provides many opportunities for children to create, discover, manipulate and take risk. Children are given raw materials rather than finished structures for exercise equipment. A variety of activities can be produced. The group experiences delight and fun walking on railroad ties, in addition to developing skills in balance. Tires placed side by side form a tunnel that children may crawl through, curl up inside of, or roll down a hill, which helps develop neuromuscular skill. Children may imagine a discarded bathtub to be a steamboat, an atomic submarine or a guided missile, while an inflated inner tube becomes a launching pad for future astronauts. Additional suggested equipment: tools, used lumber, bricks, tiling, and other second hand material. What materials are used should be inspected first for safety factors before being made into an interesting play environment.



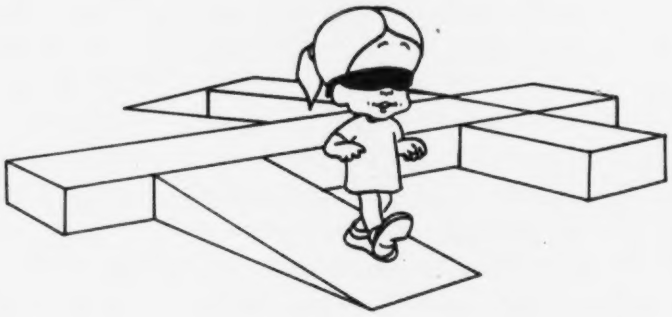
A83 Shoot Ball - (Audition)

Three large stands of varying heights are used to support three "shoots" or tubes, e.g. stove pipe tubes, on an inclined plane through which a large ball is rolled. The ball is dropped down the shoot randomly by the teacher. The task of the child is to listen to determine which shoot the ball is coming down and place a pail under the proper shoot before the ball hits the floor.



A84 Stay on the Path - (Tactile - touch)

A series of platform paths and inclined planes are constructed using boxes and heavy boards. The paths are constructed with elbow turns, crossed paths and corners. The child is to travel from one spot to another as instructed by the teacher, as rapidly as possible, with his eyes closed.

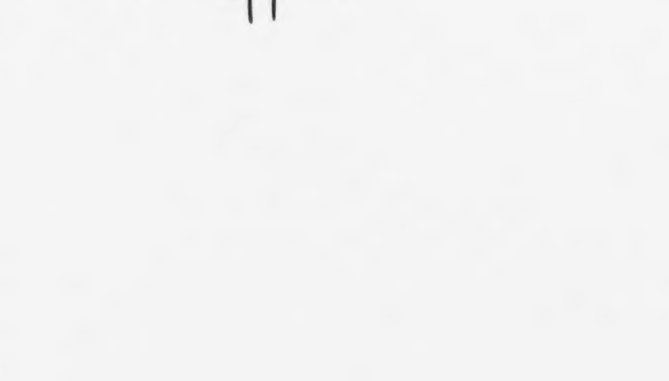


A85 Bedsprings - (Proprioception)

An old mattress is placed on the floor. The task of the child is to jump in the center of the springs without varying his position as much as is possible, while his eyes are closed. This can be done with two children.

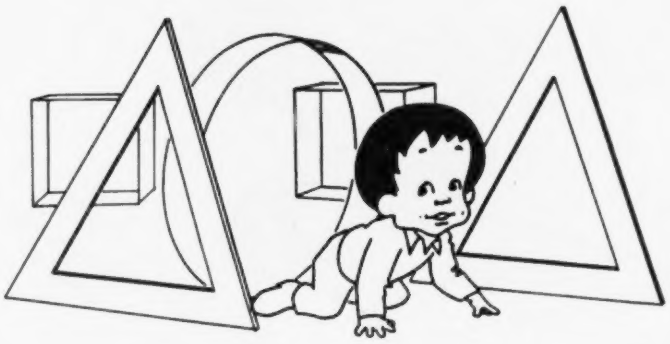
A86 Swinging Bridge - (Alternate proprioception)

A "swinging bridge" that will support a child is constructed with heavy boards and rope, with a sturdy support at the ends. The task of the child is to cross the bridge while his eyes are closed using various means of locomotion beginning with crawling.



A87 Hoop Maze - (Vision and tactile (touch) and touch alone)

A maze is constructed using various sizes and shapes of hoops, connected with rubber bands. The task of the child is to begin at one side and come out of the other side while his eyes are open. The child is asked to move both forward and backward. The child also performs the task with his eyes closed.



G20 *Getting Taller*

Rules:

Guiding the players through growth, the teacher coaches them to be the size they were when they were born up to the age they will be when they are parents.

Example:

Try to make yourself the size you were when you were born. Let's grow now. You are 1 year old. Know how big you are. Know how high a chair is next to you. Try to reach a glass of milk on a table. Pretend it is right in front of you. You're still growing. You're 2. Try to turn the TV. Know how the knobs are. You're growing. You're 3. . . . . let the children relate to a pretend object at each stage of growth. After age 6, skip from specific ages they have had experience with to sample ages yet to come at 5-year intervals. Continue 10-15-20. You are as big as your mom or dad.

Discussion:

Ask the children to tell how it felt to be a certain age, and how they were able to handle the object presented to them at that age. (Could you reach the milk on the table when you were 1?)

G21 *Getting Heavier*

Healthy people are strong.

Rules:

The children are given pretend containers (paper sacks, baskets, buckets) and told to cross the room to pretend objects and put them in the container. They are told to *Make It Real.*

Example:

The teacher pantomimes the giving of a large cardboard box to each player. "See the apple tree over there?" She points to the other side of the room. "Go pick up all the apples that have fallen on the ground and the ones you can reach on the lower branches." She coaches them on the changing weights as apples fall into the box, and the weight of individual apples as they are handled. Finally she asks them to bring their boxes to her to examine, coaching them to feel the weight of their boxes as they come to her.

Discussion:

How much did the box weigh when it was empty? How much do you weigh? (scales can now be used and weight recorded). How much does a little apple weigh, a big one? Was the box heavier when you added apples to it? Did anyone pick more than 15 apples? Pick up your friend's box and see if it is as heavy as yours. If you were sick today, could you have carried that much weight?

G23 *Guess My Age*

Rules:

A player pantomimes something he can do well at his present age. The class guesses his activity and age.

Example:

Player A pantomimes polishing shoes. The class decides he is doing that and that he is 5. They are correct and another player is chosen.

Discussion:

How many other children are 5? How many of you can polish shoes? Is there anyone who is not 5 who can polish shoes? When did you learn to do that? Who taught you?

G24 *What I Did When I Was Younger*

Rules:

The teacher gives an age (when you were a baby, or when you were 2 up to the current age). In succession several players pantomime something they were able to do at that age. After each pantomime the class guesses. After several the teacher may change the age.

Example:

When they were 3: Player A brushed his teeth, Player B watched TV, Player C played with the baby.

Discussion:

Could anyone else do that when they were that age? Could anyone do it before they were that age?

G25 *What I'm Going To Do When I'm Older*

Rules:

The teacher gives an age above the current age up to school age. The game is played above.

Discussion:

Are you learning to do that now? Do you know someone who can do that now? How old is he/she? Can anyone here do that?

G26 Put several different foods in separate paper bags and let children feel the bag and guess what food is in each bag. Pass bag around, let each child tell why he gave his answer. Use actual foods, rather than plastic models.

Silly Pete

There was a boy named Pete
He always ate something sweet
And now his teeth are all bad
He wished sweets he'd never had.
Now those teeth they must go
Because sometimes they hurt him so
But it's the fault of Silly Pete
For always eating something sweet.

UNIT 5

WHO HELPS ME TAKE CARE OF MY HEALTH

Unit 5
Who Helps Me Take Care of My Health?

92 *Health Topics:*
Doctor-Patient Relations; Community Health Resources; Childhood Illness and Its Care

I'm glad to tell, of those who keep me well:
The farmers grow good food to eat,
Policemen help me cross the street,
The doctors, nurses, dentists, too,
They smile and know just what to do.
Healthy, that's me! And I'm going to be
Always taking care of me, so I can grow up happily.

A. When I'm Sick at Home
Family Role

B. Preschool Staff
Teacher, Aides, Volunteers, etc.

C. Health Specialists
Physician, Dentist, Nurse (Health Coordinator), Nutritionist, Psychologist

D. Preventive Health Care
1. Immunizations
2. Screening - sight and hearing
3. Dental Care - brushing teeth, etc.

E. Care of Common Childhood Illnesses

F. Community Health Facilities and Services

Introduction

In this last unit, having led the child to develop pleasure and pride in knowing who and what he is, his "world" in which he is growing and developing, and what he can do by hygienic principles to care for and build himself up, he is now ready to handle the more advanced topics of special health care. He will be helped to recognize those who help in this care, and face the fact that in spite of this, everyone gets sick sometimes. With this in mind, it will be important to prepare him to accept professional health care. Throughout the unit, the objective will be to help him to know what to expect from others, and what is expected of him so that in spite of an episode of illness, he will be able to continue to say, "Healthy, That's Me".

His primary support will come from his family (discussed previously). He will therefore be pleased to take up what various members do for his health, i.e. specific health care by his mother and father or his caretakers. Next will be the roles of those he has come to know and trust at his Center. Here, there does not need to be any "play-acting", but use can be made of actual day-to-day activities. The teacher can encourage staff members to let children observe "behind the scenes" and participate in activities such as visiting the nurse's office. Then ask the child to relate his observations and experiences and tell how they are part of his health care.

Role-playing the activities of professionals like the doctor, nurse, dentist, in office, hospital and clinic will help make these situations familiar, lessen fear and anxiety, and prepare the child for an actual visit.

This will then bring in the role of the community and all of it's resources. Innumerable scenes can be acted out, followed by field trips with questions by the teacher to help the children see that they are surrounded by many helpers in their community, protecting them and caring for them when they are sick.

As a part of this general theme, what he does when others are sick to help them and protect them from becoming sick will be most appropriate, referring back to some of the hygienic principles previously taken up. Actually, there will be much that has already been incorporated in other units that can be reviewed and applied in this unit. It, therefore, serves as a summarizing unit of all that has been dealt with, to put meaning and substance into the child's saying at the end of his year with the child development program, "Healthy, That's Me!"

Basic Questions for Teacher Preparation

Who Helps Me Take Care of My Health

A. Family Roles

How can members of the family be trained to care for the sick within the home?

What health resources can the family "tap" in time of illness?

Do I have information for contacting parents, in case of illness, for all my children?

B. Preschool Staff

What staff, facilities, and activities are used in administering health service to the child?

What training and assistance do they need?

What facilities and supplies should we have to deal with illness?

C. Specialist—Physician, Dentist, and other health personnel

What rapport can be established between the child, the home, and the school, with the physician, dentist and other health personnel caring for the child?

D. Preventive Health Care

How can I prepare children (inform them, etc) for the necessary screenings and evaluations?

Do I know the results—how I can best aid children with problems—to understand—to adjust to therapy recommended?

E. Care of Common Illnesses

What are the symptoms of mental, physical, social, and emotional illness?

What can be done in the classroom in their early stages?

F. In the Community—What health services are provided by health departments and community health volunteer agencies and how are they used?

How do I protect others when I am sick?

How do friends help me when I am ill?

Primary References

All Books

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Dentist's Tools - by Carolyn Lapp, pictures by George Overlie. Published by Lerner Publication Company, Minneapolis, Minnesota.

Personal and Community Health, latest edition, C.E. Turner, The C.V. Mosby Company, St. Louis, Missouri.

Health in Elementary Schools (second edition) by Leslie W. Irwin, Ph.D., Harold J. Cornacchia, Ed.D., Wesley M. Staton, Ed.D. Published by The C.V. Mosby Company, St. Louis, Missouri, 1966.

Personal and Community Health - by C.E. Turner, A.M., Ed.M., D.Sc., Dr P.H. Published by The C.V. Mosby Company, St. Louis, Missouri, 1963.

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Background Material for Teachers

A. Family Roles

First and foremost the success of the health program depends upon the interest and cooperation of parents.

With the cooperation of the health personnel the parent should learn physical and emotional health facts. Knowledge of health is important even in the absence of disease in order to provide a wholesome life for the child.

It will help to have parents exchange information on the kinds and quantities of food the child has at home. For continuity of menus it would be beneficial to give the parent a copy of the weekly menus. This helps parents learn about planning well-balanced diets. The use of all the Parents' Handbooks and especially No. 8 is strongly recommended.

ACTIVITY: A88

B. Role of the Preschool Staff

Teachers should realize an ill child has increased dependency needs and their special attention is more important than usual. The child also requires rest and quiet with a familiar staff member to keep him content and occupied.

If mothers are working and cannot leave their jobs, they may depend on the assistance of the staff, - aides, volunteers, etc.

The *health aide*, with the nurse and teacher, works with the professional health staff in caring for the child. They visit the home when the child has been ill for a period of time. Sometimes they can assist the mother in her duties.

Basic training in first aid will give staff members knowledge of what they should and should not do in an emergency. Inquiries should be made concerning where and how such courses are given (Red Cross, YMCA, YWCA, etc.) and all staff should be required to take basic courses

ACTIVITY: A88(b)

C. Professional Health Specialists

The doctor and dentist should be familiar to the children. A visit from them to the school would be helpful. It would be helpful if they brought some of their equipment so children could become familiar with routine instruments.

As members of the community, the doctor and dentist provide specialized health care for the children.

The doctor listens to the heart, checks ears, nose, throat, extremities and abdomen. If further tests are needed, the doctor will discuss it with the parents.

The dentist makes sure the teeth are in good condition. Poor "baby teeth" can affect the growth of the permanent teeth. Good mouth hygiene and preventive dental care cannot start too early.

In many schools, outside technicians, other than school nurses, provide tuberculin tests and screening tests for hearing and vision. All of this is an important part of the total health program.

The *nurse*, if possible, provides a quiet corner for the ill child to rest. When an emergency occurs, the nurse provides care and first aid for the child suffering an illness or accident during the school hours. The nurse serves as liaison between school, home and community agencies. The nurse who knows the family, teaching staff and child often makes a more effective health evaluation.

The *nutritionist* provides adequate and balanced meals for the children. Parents are given menus to help keep the child healthy.

The nutritionist knows the importance of the atmosphere in which the food is served and eaten, which affects the child's association with food. Varied menus provide good nourishment for a child, and new experiences.

Since appetites of preschoolers fluctuate, they should be encouraged to eat but not forced to clean their plates at every meal!

With the assistance of the nutritionist, cook, or food service aide, a cheery atmosphere is provided during mealtime.

It is best to serve food as soon as children are seated. Moderate-size portions with a second helping available will stimulate the appetite. Also, see section on Growth and Development concerning lagging appetites. Introducing new foods helps to broaden their liking for foods and to build good food habits.

The *psychologist* is an important part of the team concerned with optimum growth and development of all the children. This person can be very helpful in dealing with both "normal" and "abnormal" behavior in relating to the child, his parents, the teacher, staff, and the entire class environment. Where a psychologist is available, the services are determined by the priorities issued by the Center. This includes training teachers and aides, observing children and consulting with their teachers, working with parents, and screening, evaluating and giving special help to children with behavior problems. The Head Start booklet *Rainbow Series No. 12 Psychological Services* gives the details of these activites. Use the booklet freely!

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Activites	**Games**
A89	G28
A90	G29
A91	

D. Preventive Health Care

1. *Immunizations:* Every child should be protected against at least seven communicable diseases. See table below:

Disease	Immunization	Schedule of Immunizations						
		2 mos.	3 mos.	4 mos.	6 mos.	1½ yrs.	5 yrs.	12 yrs.
Diphtheria Tetanus Whooping cough	DPT	X	X	X		X	X	X
Smallpox	Vaccination					X	X	X
Poliomyelitis	OPV Trivalon	X		X	X	X	X	
Measles	Live measles vaccine					X		
German measles	Rubella vaccine*					X		

*Especially for girls.
See Rainbow Series Booklet No. 2, HEALTH SERVICES for more detailed information.

In addition, screening for tuberculosis (Tine Test) should be routine from infancy.

2. *Screening Deficiencies of Visual and Auditory Acuity:* Impaired hearing and/or visual acuity can seriously impede learning. If deficiencies are discovered and treated early, serious problems may often be prevented. Screening for these disabilities in the preschool child becomes an extemely important part of his total record.

Parents and teachers should be made aware of the fact that all children should be tested periodically, whether signs of possible deficiencies are present or not.

a. *Vision Screening* - There is some lack of agreement on what constitutes normal vision among preschool children. Generally, preschool children tend to be farsighted. The National Society for the Prevention of Blindness recommends a referral level of 20/50 for 3 year olds, and 20/40 for 4 and 5 year olds.

The following tests of visual acuity have been found useful in screening preschool children:

(i) Snellen E. Test
(ii) Sjogren Hand Test
(iii) Landolt Broken Ring Test
(iv) California Clown Test
(v) Michigan Junior Vision Screening Test

In addition to determining and treating the usual problems of acuity in the preschool child, the parent, teacher, and examiner must be ever alert to recognizing the problem of amblyopia (crossed eyes). Detection of amblyopia after the preschool period is considered by many to be too late for treatment to be effective.

b. *Hearing Screening* - The measurement of hearing acuity is concerned with:

(i) the intensity level at which sound is perceived; and
(ii) The ability of the child to discriminate complex sounds, especially those of speech (phonetic discrimination).

If a child perceives sound at hearing levels of 0 to 20 decibels at all frequencies commonly tested in the human speech range (500 to 4000 hertz), hearing acuity is considered normal.

Screening techniques vary with the age and maturity level of the child. Pure-tone audiometry can be used for gross screening with relative reliability by trained personnel in children from age 3 years. Children found to have losses of 20 decibels or more should be referred for further hearing evaluations. Procedures for screening younger infants and children have been developed. Some procedures use tones delivered at various frequencies and intensities; others use such sound generators as tissue paper for high tones and other appropriate noisemakers for lower tones. Most such screenings are gross measures and indicators except when administered by a skilled audiologist. Definitive audiologic test and procedures require referral to a skilled audiologist.

3. *Preventive Dental Care:* Dental cavities or tooth decay is a disease of the teeth which causes destruction, pain, abscess and cyst formation and often complete loss of the teeth and thus their important functions. It is a disease which affects almost every person at some time in his life. Almost everyone will, at some time, develop a cavity or lose a tooth because of decay.

WHAT CAUSES TOOTH DECAY?

Tooth decay is not an easy process to explain because people are different; where they live, how they live, their age, and the times they live in differ. However, some things NO MATTER WHAT ELSE MAY OR MAY NOT BE PRESENT will almost always produce decay.

These things linked together against a healthy tooth produce a cycle of events that will eventually end in decay. •

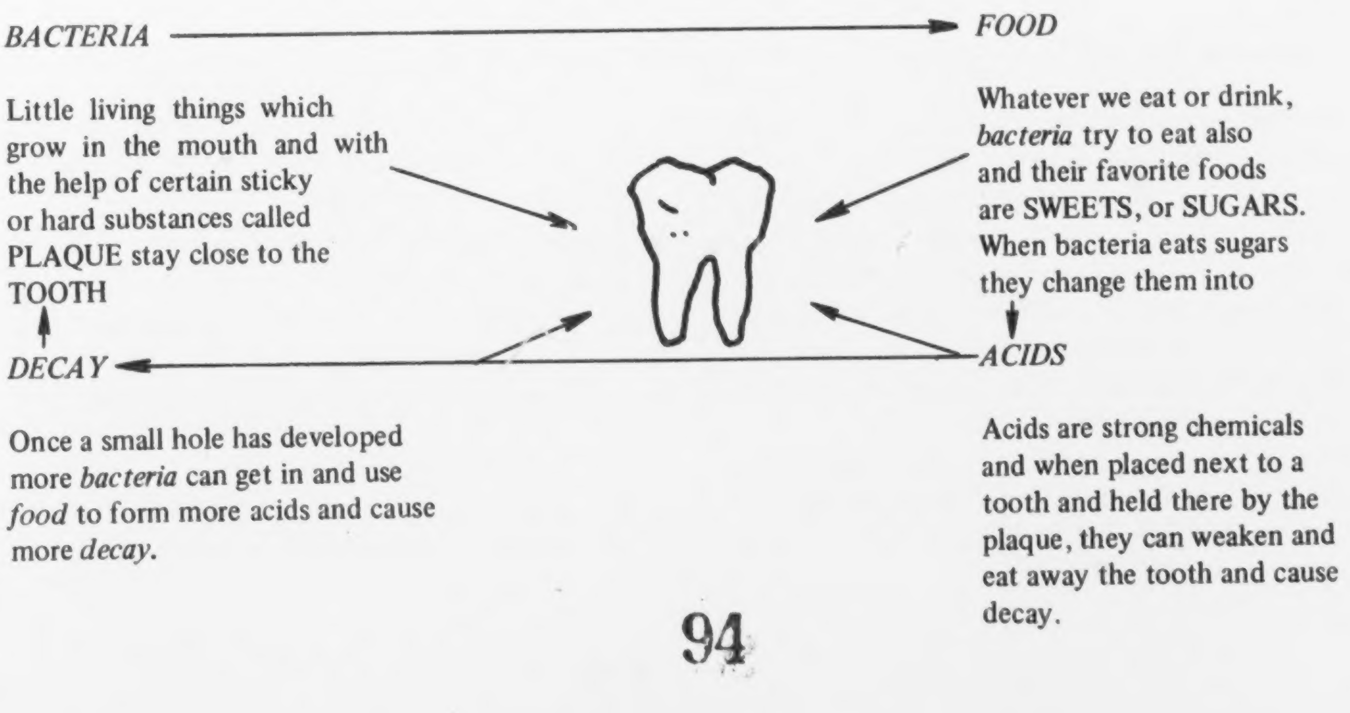
In order to stop decay, we must do something about:

a. *Plaque*- This sticky or hard covering around the teeth can be removed by toothbrushing if soft, and by the dentist if hard.
b. *Teeth* - Teeth can be made tougher by using fluorides in tooth pastes or by having the dentist place them on the teeth, or even by placing them in the drinking water while our teeth are growing.
c. *Bacteria* - Can be reduced by regular toothbrushing.
d. *Food* - We should avoid eating sweets (especially sticky ones) as much as possible, or at least rinse and brush after eating them.
e. *Decay* - Regular dental visits will allow the dentist to find little cavities and treat them before they get large and destroy the tooth.

WHAT TO DO AT HOME - BRUSH YOUR TEETH

Remember that toothbrushing removes soft plaque, bacteria and sticky foods. It is the most important thing you can do to STOP DECAY FROM STARTING!

THE DECAY CYCLE



BACTERIA

Little living things which grow in the mouth and with the help of certain sticky or hard substances called PLAQUE stay close to the TOOTH

FOOD

Whatever we eat or drink, *bacteria* try to eat also and their favorite foods are SWEETS, or SUGARS. When bacteria eats sugars they change them into

ACIDS

Acids are strong chemicals and when placed next to a tooth and held there by the plaque, they can weaken and eat away the tooth and cause decay.

DECAY

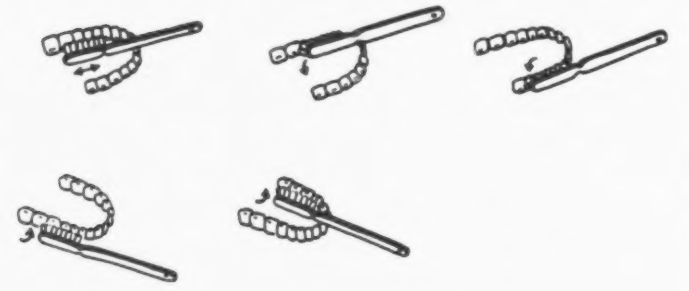
Once a small hole has developed more *bacteria* can get in and use *food* to form more acids and cause more *decay.*

WHEN TO BRUSH

Always brush immediately after eating. Acid can form minutes after eating so get it off quickly. If you are away from home and cannot brush as you should, SWISH your mouth with water and SWALLOW.

HOW TO BRUSH

a. Use up and down or circular motions to loosen the foods.
b. Brush all parts of all teeth upper and lower, inside, outside and biting parts of the back teeth.
c. Brush each area ten times.
d. Your dentist will show you the proper way to brush your teeth and let you practice when you visit him.



WHAT KIND OF TOOTHBRUSH?

Use a soft-bristled brush that is small enough to move easily and that has a straight handle and two rows of bristles cut straight across with five or six tufts in each row.

Be sure the brush is rinsed clean after each use and hung up to dry.

Use a different brush for morning and evening so that the one you use is always dry. Wet brushes with toothpaste left on them allow bacteria to grow in the sweet toothpaste. (The electric toothbrush is perfectly acceptable and even fun to use.)

WHAT KIND OF TOOTHPASTE?

Use a toothpaste that contains fluoride and has the acceptance seal of the American Dental Association.

The toothpaste or powder helps remove food and stains from the teeth. If it contains fluoride, it can also aid in reducing decay.

After using the toothpaste, remember to rinse the mouth with water until all the toothpaste is gone and then rinse the brush until clean.

Any other oral cleanliness aids will be suggested by your dentist to fit your needs.

VISIT TO DENTIST

A child's first visit to the dentist for an oral examination should be around the age of 3. At this time an evaluation can be made of how the teeth and other structures of the mouth are developing. Also, the child is introduced, at an early age, to the necessity for good dental care.

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Activities

A91
A92
A93
A94

E. Care of Common Childhood Illnesses

When is a child ill? Some of the early symptoms are fever, stomach ache, sore throat, a tired feeling, runny nose or irritability, all of which may occur when a child is beginning to get sick.

Fever is the body's response to the invasion of germs and indicates that it is fighting them.

When the body is fighting off germs the child becomes tired and irritable. He needs support and security from someone he trusts. Described below are some common illnesses seen in young children.

1. *Acute Upper Respiratory Diseases–Colds*

A cold is started by a virus. Early signs of colds are runny nose, watery eyes, slight fever and/or restlessness. Fluids should be given freely and the child should be encouraged to rest. Tissues or clean handkerchiefs should be plentiful.

2. *Injuries*

The best treatment for small cuts is to wash them with soap and water. If a bandage is required use a bandaid.

Depending on the severity of the injury a doctor should be consulted.

It is necessary for teachers to have instructions in first aid.

Bleeding from the hand, arm, foot or leg stops sooner if the limb is elevated. Minimal bleeding for a short period of time is usually not harmful.

Pressure should be applied to stop a cut from bleeding. Use gauze squares or folded pieces of clean cloth. Then apply adhesive or gauze roll bandage to exert more pressure. This makes it less likely to bleed again.

For nosebleeds, have the child sit still or lie down as he chooses. Pressure applied to the nasal bridge helps stop the bleeding.

3. *Digestive Disturbance*

Nausea, vomiting, diarrhea, abdominal pain are all symptoms of many ailments.

It is best to discontinue solid foods until the child is seen by the doctor.

The child may be given small amounts of clear liquids such as tea, broth and ginger ale. He also needs to be kept quiet. It is best to call the parents and let them know immediately of the child's condition.

4. *Allergic Conditions*

Hay fever represents an allergy to pollen. The child may have a runny, itching nose for weeks during the spring season and mid-August.

Treatment depends on the cause. It takes a long time to determine which pollen the child is sensitive to.

It is important for the parents to let teachers know the treatment recommended by the doctor.

Asthma - is an allergic condition characterized by wheezing and air hunger. The bronchial tubes swell and passageways for air are narrowed causing breathing difficulty.

Though most attacks occur at night, attacks may occur when the child is nervous or upset.

Treatment depends on the severity of the attack. Teachers should know if children have been subject to asthma at home. This information should be obtained from the parents. This is very important for the proper care of these children. Parents also should bring the medicine the child is taking at home to the Center so that it can be given while the child is there. If you have children with asthma, the room must be kept comfortably warm at all times.

5. *Epilepsy*

Epilepsy refers to a convulsive disorder in which seizures may occur, without a fever or the presence of any other disease.

The important thing is to keep the child from hurting himself. To prevent him from biting his tongue separate the jaws with wrapped tongue blade or handle of a spoon. Do not attempt to restrain a convulsing child.

If a child has an attack at school, the teacher should keep other children away from him, as the child will need plenty of air to recover his breath. Also he will need free space to avoid hurting himself. Let the other children know that the child is ill, but that he will recover.

6. *Hearing, Speech and Vision Defects*

The child with a defect needs to be treated naturally. He will be happier without pity.

The most important factors are love and approval from his parents and surrounding people.

A diagnostic evaluation should be done by the professional staff, physician and/or specialist.

After the diagnostic evaluation recommendations may be made for a special class setting, for individual teacher attention, and for small group play only. The child should not be separated from "normal" children except in severe cases. If a child starts wearing glasses or a hearing aid, help him and the other children accept it.

7. *Bites*

Animal bites should be washed with soap and water. Then place bandaid, gauze or clean cloth over the area.

Contact the doctor immediately. Keep track of the animal to be sure he is not rabid. If the animal is an unfamiliar one, police should be notified.

Snake bites usually cause severe pain and swelling rapidly occurs.

Call a doctor immediately. Have the child lie down. Do not apply a tourniquet between the bite and the heart unless you have been thoroughly trained in this technique.

In insect bites by bees, wasps or yellow jackets, the stingers should be removed. Apply a paste (consisting of cold water and bicarbonate of soda). If the child develops shortness of breath contact a doctor immediately.

8. *Burns*

These are common especially during the winter months. Never allow a child to stand close to a heater, open oven, or flames from the stove, especially in flannel or nylon garments. These materials are very flammable.

All burns, except very minor ones should be treated by a doctor.

A clean cloth should be placed over the burned area. Do not apply grease to the burned area; this makes it difficult for the doctor to examine and treat. Do not break blisters. Ice works well as an immediate pain reliever, or the entire area can be immersed in clean cold water.

9. *Poisoning*

Often furniture polish, dye, medicine and other poisons are kept in reach of the child or in unlabeled bottles. This is very dangerous. In these cases you can dilute poisons with milk or ice cream and induce vomiting. More importantly, rush the child to the nearest doctor or hospital.

If the child has swallowed drain cleaner, lye, kerosene, lighter fluid, acid, petroleum product, ammonia, household bleach, or alkalis, *do not induce vomiting* nor give him milk or ice cream, but rush the child to the hospital, carrying along the receptacle containing the poison.

10 Lead Poisoning

This is most common in large old structures, old deteriorating housing. Incidence is high where children eat flaking wall paint, broken plaster. The symptoms include loss of appetite, abdominal pain, stomach ache, constipation, vomiting, and irritability. It is necessary to inform the doctor of any of these symptoms. Since children with lead poisoning are hospitalized for many weeks, the lead paint should be removed from the home during his absence. It should be required of the landlord or you should seek better housing.

11. *Broken Bones*

If it looks as though the child has a broken bone do not move him until a splint has been applied to the suspected limb unless he is in great danger. Find someone who knows how to apply a splint. A board, heavy blanket, or a roll of newspapers can be used as splints. Have the child lie down and wait for competent aid.

Children with true medical emergencies (examples are internal bleeding, penetrating and crushing injuries of the chest, unconscious state of more than short duration, heat stroke, severe or extensive burns, and snake bites or other poisonous bites) should be transported immediately to a physician's office or hospital emergency room. Whatever personnel are most highly trained in first aid and emergency medical care should accompany the child. For such truly emergency conditions, no time should be wasted trying to obtain the services of a nurse or physician on the spot or in locating parents. The first action is to obtain emergency transportation to a medical care facility, the second action is to call the hospital or other treatment facility and alert it to the nature of the patient being sent. Then, and only then, should other interested parties be called. A plan indicating what transportation to use and where to take the child for care should be prepared and explained to the center staff.

Certain severe emergencies (including electrical shock, obstruction of the respiratory tract, drowning, massive external hemorrhage, internal poisoning, anaphylaxis, exposure to noxious fumes, skin or eye contact with corrosives, or neck or back injuries, with possible spinal cord injury) require the immediate intervention of someone trained in first aid or emergency medical care. Whatever life saving measures are necessary should be applied by whoever is present and has a knowledge of first aid or emergency medical care. The child should then be transported promptly as above.

Fortunately, most illnesses and accidents do not require such prompt action to save life or limb. Emergencies such as dislocations and fractures, large lacerations, animal bites, burns, seizures, eye injuries, and acute high fevers can usually be handled temporarily by any responsible person who can make the patient comfortable and reassure the excited onlookers. If a nurse or physician can be available within 10 or 20 minutes, he should be called. There is time to notify the family and ask their wishes about a source of medical care. The physician or clinic responsible for the care of the child may be contacted for advice. If contacts with health personnel or with the child's parents are delayed, the child should be transported directly to a source of medical care.

Teachers should have the phone numbers of the parents, both at home and at work. When anything unusual happens, medical aid should be summoned immediately. Parents should be contacted as quickly as possible. One person can notify the parent while another is rushing the child to the hospital or doctor.

Someone should be able to give the doctor an accurate description of the incident.

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Activity	Game
A95	G27

Parents should observe the child closely if injuries or illnesses occur in the home.

The doctor relies on the parents' information for giving fast and expert treatment.

F. Community Health Facilities and Services

1. The role of the farmer, grocer, policeman, fireman, health inspector, in maintaining and protecting the health of the community should be brought to the attention of children.

2. *Hospitals and Clinics*

The Center staff should be thoroughly familiar with health facilities in the community and details of how services are obtained. The nurse can assist in the orientation and will be available to make arrangements for actual care, but the staff should know enough to assist the nurse.

In most communities there are hospitals and clinics. They are there to care for the children and their families when illness occurs. This is an opportunity for promoting preventive medicine, health improvement and health education. The medical staff has an opportunity to counsel the children and their parents. Physical examinations are then more successful.

Teachers should be aware of health crisis in a family and, if indicated, utilize community resources for assistance to the family. For example, if a mother becomes seriously ill and unable to care for the family, homemaker services are available in some areas.

3. *Other People - My Friends and Illness*

Protecting children from all ill playmates is a difficult task. The child preoccupied with the world around him sometimes does not remember what he has learned about protecting others.

The parents and teacher must remind him to cover his mouth and nose when coughing and sneezing, to drink only out of his own glass and wear only his clothes, particularly hats. These are hygienic social niceties.

Washing of hands is another proper thing to do when in contact with an ill child. Washing hands is important when treating wounds.

Also, mothers should know that keeping immunizations up to date will prevent a number of contagious diseases.

Visiting a friend who is sick will raise his spirits. The class passing by just to say hello through the window, or making get-well cards, or calling on the telephone, lets the child know he is not forgotten. Recognition of one's dependence on others and a willingness to reach out toward others is a necessary social skill of life.

Listed below are numbers referring to specific games and activities to be used in teaching this section of the curriculum.

Activities
A96
A97
A98

A88 *Family Role*

"Show and Tell" - Have children tell about when they were ill at home and what the family did. Teacher can then talk about this with the whole class.

Let the child care for a sick doll, in the doll corner–and let other children role-play the mother, the father, and the siblings.

A88b *Role of the Center Staff*

(Note: Real life activities can be used by the staff as an opportunity for a learning experience for the children. The staff should be alert to exploit such occasions for teaching.)

Teachers: Observe the children as they arrive and during the day for fever, runny nose, reddened-eyes, rash, signs of headaches, and general listlessness. These are signs or symptoms of various illnesses or family problems.

If necessary, contact the health personnel.

An ill child should be allowed to lie down and be alone until seen by health personnel.

Visit the home when a child is out ill for a few days. This is important for the parent and the child.

Cook/Food Service Aide: One child at a time, e.g., one day at a time, can be brought into the kitchen to "assist" or observe the food preparation and serving activities.

Bite-size pieces and finger food are well-liked by children.

With the assistance of the nutritionist, provide dishes and eating utensils suitable for young children.

Introduction of new foods must be thoughtfully and carefully worked out. Food has an emotional impact. It serves as a link to the child's home and sense of belonging.

Specialists

A89 1. Use doctor-nurse kits for role-playing activities.

A90 2. Set up dental office in corner of room:

Purpose:

- a. Children learn how to handle equipment
- b. Children learn how the dentist uses this equipment in his work
- c. Children are encouraged to brush their teeth

Material you can use:

- a. Small chair
- b. Table–cover with paper napkin
- c. Paper cups
- d. Toothbrushes
- e. Toothpaste (or make your own) - see activity A93, 5.
- f. Improvised mouth mirror -
  - (i) attach a small circle pipe cleaner to end of a straight pipe cleaner. Cover the circle portion with aluminum foil.
  - (ii) Use tongue depressors.

Suggested Method of Procedure:

- a. Give each child his mouth mirror, toothbrush and toothpaste.
- b. Appoint some children to play the role of the dentist, others to be the patients and others to assist the dentist.
- c. When the patient sits in the chair have the assistant take his mouth mirror, toothbrush and toothpaste and put on the dentist's table.
- d. As the child (patient) holds his brush, allow the child (assistant) to help put the paste on the brush.
- e. Allow the child (dentist) to tell how to brush.
- f. Allow patient to try the procedure - use paper cup if it is necessary to expectorate.

A91 3. Field trip should be planned to the doctor and dentist offices. The children can meet their staff and become familiar with the surroundings.

The teacher can also ask the doctor and dentist to visit the Center for lunch with the children.

A92 4. Toothbrushing

Purpose:

- a. To discover "dirt" on teeth.
- b. To stress how to brush.

Materials you can use:

- a. Toothbrush
- b. Red disclosing tablets
- c. Two paper cups for each child
- d. Tissue or paper towels
- e. Small hand mirrors or 1 or 2 large mirrors

Suggested Method of Procedure:

- a. Distribute 2 paper cups - one with water - to each child.
- b. Distribute a red tablet and toothbrush, paper towel.
- c. Have children chew red tablet and swish it around in the mouth.

A93 5. *Making a Dentifrice*

- a. Children learn that it is not necessary to buy toothpaste.
- b. Children use motor skills mixing and stirring materials.
- c. Children learn to measure.

Materials you can use:

- a. Table salt
- b. Baking soda
- c. Peppermint oil (if available)
- d. Wax paper bags
- e. Knife, spoon, bowls

Suggested Method of Procedure:

- a. Help children to mix 1 part of table salt with 2 parts of baking soda.
- b. Stir thoroughly
- c. Add a drop of peppermint oil for flavoring, but this is not absolutely necessary.
- d. Put mixture of tooth powder in wax paper bag so that it can be carried home for family to try with toothbrushing.

A94 6. *Disclosing Tablets* (Order through a dentist)

a. Proctor and Gamble
Professional Services
P. O. Box 747
Cincinnati, Ohio, 45201

(No. 70049 - 288 tablets per carton - $4.00)

b. Amural Products Company
P. O. Box 300
Naperville, Illinois, 60540

(1000 Wafers - $7.50)

A95 7. *Getting Sick*

Use spray cans to demonstrate how germs spread when a child sneezes or coughs.

Demonstrate through dramatic play, steps that are usually taken if child becomes ill. For example:

- a. Feel parts of body for warmth
- b. Take temperature with thermometer
- c. Make comfortable place to lie down
- d. Soothe

A96 8. *In the Community*

Contact your local public health department and see what health facilities can be visited by children.

Field trips to a farm, country markets, supermarkets, farmers' markets, dairy, bakery, local hospital, etc. can be arranged in order for the children to become familiar with these places.

A97 *My Neighborhood - Our Town or City*

Rules:

Take the class to a real store, fire house, etc. As the children return to the classroom they reconstruct the environment just explored and the people in it.

Example:

The class visited the Post Office. At school the teacher asks, "Who can remember one person we saw at the Post Office?" A child says, "A man selling stamps." Teacher: "Good." "You be the stamp man." "Who else was there?" Another child answers, "A lady buying the stamps." "Good." "You be the lady." Continue until the whole scene is reconstructed.

Discussion:

Ask each child why he did what he did. Could he have done it another way, or at another place?

A98 9. *Other People - My Friends*

The class can make and color "Get-Well" cards for sick classmates. A telephone call from the class while the child is home ill will let him know the class is interested in him.

Protecting Other People

a. Being apart from them until they are well.
b. Washing hands after using the toilet.
c. Do not use same utensils.

Games

G27 *I Can Take Care of Myself*

Rules:

The children sit in a circle. The teacher points to one and tells him an injury he must treat. The child shows how he would take care of himself.

Example:

You have a splinter in your foot, you were stung by a bee on your knee, you have a headache, you have a loose tooth, you have a toothache, you just burned yourself on the radiator, etc.

Discussion:

How did he take care of himself? Has that ever happened to you? What did you do? Who helped you? Does anyone know another way to take care of this?

G28 *Storyball - When I Went for Health Care*

Rules:

The teacher begins a story, later a child will be eager to tell his story. The storyteller holds a ball and passes it to another upon signal or when he chooses.

Example Topics:

When I went to the doctor
When I went to the dentist
When I was at home sick
When I went to the hospital

Discussion:

How did characters in the story react at different points in the story? The children can act out short segments of the story to refresh the general class memory. Then discuss what happened during that segment and ask why it happened. Could something else have happened?

G29 *Pantomimes* a) Doctor; b) Dentist's office; c) Clinic; d) Sick in bed at home; e) Grocery store, supermarket, etc. f) Ambulance - arrival at home, ride to hospital.

Doctor and Nurse

Rules:

A patient comes to the doctor's office with a health problem. The doctor and nurse treat the patient.

Example:

A doctor and nurse are chosen. Other players sit alone or in pairs in "the waiting room." They have been given time to decide upon a complaint and find a partner if one is needed (mother and sick little girl) or a doll if one is needed (the baby is sick). One at a time they are called into the "office." The waiting room crowd also role-plays the audience while the doctor takes his place.

Discussion:

Why did you go to the doctor? What did he do to help you? How can you keep that from happening again?

Appendix

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The Mexican-American (Cabinet Committee Hearings) - Inter-Agency Committee on Mexican Affairs, 1800 P Street, N.W., Washington, D.C., 20506

BOOKS FOR CHILDREN

Sefozo, Mary - *Welcome Roberto!* - Follett Publishing Company, Chicago, Illinois or New York, N.Y.

FILMS AND FILMSTRIPS

Coronet Films, 65 East S. Water Street, Chicago, Illinois (1967) 132 pp. - Extensive descriptive lists of films dealing with the American Indian. Some Mexican-American. Teachers guides accompany many films. Preview and rental service offered.

Educational Systems Corp. - *La Raza - Story of Mexican Americans Mexico, 1200 Years of History,* 1717 Massachusetts Avenue, N.W., Washington, D.C.

Encyclopedia Britannica Films, Inc. - *Children of Mexico* - Williamette, Illinois

Handel Film Corporation - *The Mexican American, Heritage and* Destiny - West Hollywood, California

Warren Schloat Publications, Inc. - *Mexican Town, Population 14,000* - (Four captioned color filmstrips - Catalogue No. 410) Pleasantville, New York, 10570

B5. Non-Ethnic, White Americans

BOOKS FOR ADULTS

Old Taylor - *Ingenious Americans* - Box 4868 - Grand Central Station, New York, N.Y., 10017

Vista Magazine - *On Looking at the Poor–Chinese, Irish, Jewish, Appalachian* - First issue, 1970, Office of Economic Opportunity, 1200 - 19th Street, N.W., Washington, D.C. (Will relocate in the near future)

Weller, Jack E. - *Yesterday's People (Life in Contemporary Appalachia)* - Published by the University Press, Lexington, Ky. (1966)

FILMS AND FILMSTRIPS

Metropolitan Life Insurance Company - *Walter Reed and the Conquest of Yellow Fever* (Film, 15 minutes) 1 Madison Avenue, New York, N.Y.,10010, or 600 Stockton Street, San Francisco, California, 94120

B6. Other

Imperial Film Company. - *Japan - A Study in Depth*(8 color sound filmstrips), *Children of China* (Film - 10 minutes) - normal day of play, school, games and chores, *Chidren of Holland* (Film - 10 minutes) - normal day and recreation in the life of Dutch children, *Children of Japan* (Film - 10 minutes) - life at home, at school, playing baseball, *Scenes of Japan* (Films, Set of 10) 810-S, *Hawaii, The Aloha State* (Films, Set of 10) 807-S, *Puerto Rico* (Filmstrips) 724-1, *Historic Puerto Rico,* 724-2 *Geography of Puerto Rico,* 724-3 *Puerto Rico's People,* 724-4 *Puerto Rican Agriculture and Industry,* Lakeland, Florida, 33803

Warren Schloat Productions, Inc. - *Children of Foreign Countries - (8 filmstrips, 6 in color) Catalogue No. 420, Pleasantville, N.Y., 10570*

White, Doris - Clearinghouse on Early Childhood Education. National Laboratory on Early Childhood Education: *Multi-Ethnic Books for Head Start Children,* (1969), University of Illinois, Urbana, Illinois

Materials From UNICEF

FILMSTRIPS

UNICEF AND THE RIGHTS OF THE WORLD's CHILDREN	..... Black and White
CHILDREN OF THE DEVELOPING COUNTRIES	..... Black and White
UNICEF AND THE CHILDREN OF THE CITIES	..... Black and White
CHILDREN OF THE AMERICAS	..... Color
CHILDREN OF ASIA	..... Color
CHILDREN OF AFRICA	..... Color

VISUAL AIDS AND DISPLAY MATERIALS

PHOTO SET: UNICEF'S CHILDREN IN SCHOOL	..... Black and White (12 photographs) ·
COLOR PICTORIAL EXHIBIT	..... Color (10 photographs)
WALL SHEET: COMPASSION KNOWS NO NATIONAL BOUNDARIES	..... Color

FILMS

A NOMAD BOY	..... Color (20 minutes)
UNICEF'S CHILDREN	..... Black and White (8½ minutes)
VILLAGE ON STILTS	..... Color (20 minutes)
WE ARE ONE	..... Black and White (15 minutes)
CHILDREN OF ASIA	..... Black and White (15 minutes)
CHILDREN OF AFRICA	..... Black and White (14 minutes)
KANTATISKIWA –DAWN OF A NEW DAY	..... Color (14 minutes)
THREE OF OUR CHILDREN	..... Black and White (20 minutes)
THE PAPER KITE	..... Color (20 minutes)
BOZO'S ADVENTURES IN ASIA	..... Color (14 minutes)
BOZO'S ADVENTURES IN ECUADOR	..... Color (20 minutes)
A GIFT TO GROW ON	..... Color (13½ minutes)
CHILDREN OF THE SUN	..... Color (10 minutes)
ASSIGNMENT CHILDREN	..... Color (20 minutes)
A NEW FASHIONED HALLOWEEN	..... Color (20 minutes)

To order, and for further information:

U.S. Committee for UNICEF
331 East 38th Street, New York, N.Y. 10016

BOOKS FOR ADULTS

American Medical Association - *Danger Lurks, El Peligro Acecha, (Spanish Edition of "Danger Lurks," Emergency-Prepared Card, Emergency Identification Symbol, First Aid Manual, Primeros Auxilos, (Spanish Edition First Aid Manual, Protecting Your Home From Unlabelled Poisons, Safety Belts Save Lives, Tetanus - The Second Deadliest Poison* - 535 North Dearborn Street, Chicago, Illinois, 60610

Lead Industries Association, Inc. - *Facts About Lead & Pediatrics* - 292 Madison Avenue, New York, N.Y., 10017

Lederle Laboratories - *Poison Ivy - The Summer Itch* (Pamphlet) - Pearl River, New York, 10965

Lin-Fu, Jane S., M.D., F.A.A. - *Lead Poisoning in Children* - Office of Child Development, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C.

National Easter Seal Society for Children and Adults - *Safety Check List for Parents,* Chicago, Illinois, 60612

National Fire Protection Association - *Fire Escape from Apartments* - 60 Batterymarch Street, Boston, Massachusetts, 02110

National Planning Council for National Poison Prevention Week - *Protect Your Child Against Accidental Poisoning,* P.O. Box 1543, Washington, D.C., 20013

National Rifle Association of America - *Guns In Your Home* - 1600 Rhode Island Avenue, N.W., Washington, D.C.

Pharmaceutical Manufacturers Association - *Some Facts About Poisonous Weeds* - Public Relations Division, 1155 - 15th Street, N.W., Washington, D.C., 20005

Superintendent of Documents - *Accidents and Children* - Office of Child Development, Children's Bureau Folder 48, U.S. Government Printing Office, Washington, D.C., 20402

U.S. Department of Health, Education and Welfare - *Selecting Automobile Safety Restraints for Small Children* - National Center for Urban and Industrial Health, Cincinnati, Ohio

U.S. Department of the Interior - *The Johnny Horizon Program* - Washington, D.C.

U.S. of America Standards Institute - *Prevention and Control of Hazards to Children* - New York, N.Y., 10016

World Organization for Early Childhood Education (OMEP) - *Space to Play,* Denmark

Wyeth Labs - *The Sinister Garden* (Booklet) - Philadelphia, Pennsylvania

Your Local Fire Department Headquarters - *Fire Prevention Drill* - (Pamphlet)

U.S. Public Health Service - *The Dangers of Flammable Clothing* - National Center of Urban and Industrial Health, Cincinnati, Ohio, 45202

BOOKS FOR CHILDREN

Health, Education and Welfare, Department of - *Dennis the Menace Takes a Poke at Poison* - Washington, D.C.

Your Local State Forestry Protection Service (Urban and Home or Mr. Deueuel Richardson - You and the Forest, Smokey Bear Record, Smokey Bear Poster, Fact Sheet of Smokey Bear, also Sparky the Fire Dog - Public Relations Director or 80 Batterymarch Street, Boston, Massachusetts, 02110

VISUAL AIDES

American National Red Cross - *Safety Poster Series* - American Red Cross Youth Fund, Washington, D.C.

Department of Pediatrics - *A Realistic Approach to the Prevention of Childhood Poisoning* (A Scientific Exhibit), University of Utah Medical Center, Salt Lake City, Utah.

Eli Lilly and Company - *The Lilly Accident Prevention Program* (A Series of Posters to Promote Child Safety) - *Danger - Burns Can Kill, Danger-Lead Poisoning Can Cause Death, Their Lives are in Your Hands* - Eli Lilly and Company, Indianapolis, Indiana (Exhibit) *Danger, Falls Can Cripple* - Also in Spanish, "Peligro! Quemachuras"…..

Scott, Foresman and Company - *A Health and Safety Program for Fives* - (See General References) - 16 picture charts and Teacher's Resource Book - Glenview, Illinois, 60025

FILMS AND FILMSTRIPS

Bailey Films, Inc. - *Playground Safety* - (Film, two color filmstrips) Children performing exercises on equipment - 6509 DeLongpre Avenue, Hollywood, California

Coronet Films - *Primary Safety-In the School Building* - Points good safety practices (Film - one reel, black and white and color) - 65 E. South Water Street, Chicago, Illinois

Coronet Films - *Primary Safety-On the School Playground* - Demonstrates good safety practices (Film, one reel black and white and color) - 65 E. South Water Street, Chicago, Illinois

Dubrowsky Edward - *A Child's Life in the City: Big City Houses and Streets No. 2001A, Animals in the City No. 2001B, Travel in the City 2001C, Food in the City 2001D, Big City Workers 2001E,* - Hudson Photographic Industries, Inc., Irvington-On–Hudson, New York, 10533

Encyclopedia Britannica Films, Inc. - *Play in The Snow* (Film, 10 minutes) - Stresses safety in the snow - 1150 Williamette Avenue, Williamette, Illinois

Grifalconi, Ann - City Rhythms - (Filmstrip, Recording and Book) No. 3001 - Hudson Photographic Industries, Inc., Irvington-On–Hudson, New York, 10533

Hudson Photographic Industries, Inc. - *Things We Know in The City: Let's Talk About Bridges and Boats 1001B, Let's Tclk About Signs We See 1001C, Let's Talk About Fun in The City 1001D, -Shapes We See In the City 1002A, Colors We See in The City 1002B, Buildings We See in The City 1002C, Neighbors We See in The City 1002C* - Irvington-On-Hudson, New York, 10533 (Filmstrips)

Pharmaceutical Manufacturers Association - *Accident Proneness* - (Film, black and white, 30 minutes) Public Relations Division, 1155 - 15th Street, N.W., Washington, D.C., 20005

Pharmaceutical Manufacturers Association - *Burns* - (Film, black and white, 30 minutes) - Public Relations Division, 1155 - 15th Street, N.W., Washington, D.C., 20005

Pharmaceutical Manufacturers Association - *First Aid Now* - (Film, black and white, 30 minutes) 1155 - 15th Street, N.W., Washington, D.C., 20005

KITS

National Safety Council - *Home Safety Kit* - Chicago, Illinois, 60611

Unit 4

A. Growth and Development

1. PHYSICAL

BOOKS FOR ADULTS

Breckenridge, Marion and Lee, Vincent - *Child Development* - W.B. Saunders Company, Philadelphia, Pennsylvania, 19105 (1960)

Educational Progress Corporation - *Human Growth and Development* - (Elementary Program K-6) - 8538 East 41st Street, Tulsa, Oklahoma, 74145

Meredith, Howard V. and Knott, Virginia B. - *Height and Weight Interpretation Folder for Boys and Girls* - State University of Iowa

BOOKS FOR CHILDREN

American Medical Association - *Height/Weight Folder for Girls* - Height/Weight Folder for Boys (Pamphlet) - 1776 - K Street, N.W., Washington, D.C., 20006

Maddox, Edith E. - *When I Grow Up* (Pamphlet) - National Dairy Council, Chicago, Illinois, 60606

VISUAL AIDES

American Dental Association - *Milk; Washing; Breakfast; Luncheon; Dinner; Vegetables; Fruit; Sleep; Friend (Posters)* - 211 East Chicago Avenue, Chicago, Illinois, 60611

FILMS AND FILMSTRIPS

Warren Schloat Productions, Inc. - *Human Birth, Growth and Development: Facts and Feelings* - (Grades K-6: *A Child is Born)* (2 Color Sound Filmstrips - Catalogue No. 621) - Guidance Associates, Pleasantville, New York, 10570

National Dairy Council - *We Grow* (Filmstrip)

KITS

Merck, B - *Merck Enrichment Kit* - Public Relations Division - Pharmaceutical Manufacturers Association, 1155 - 15th Street, N.W., Washington, D.C., 20005

A2. Dental

BOOKS FOR ADULTS

Davis, Ross-Hoyt - *Tooth Development During Infancy and Early Childhood* - Public Relations Division, Pharmaceutical Manufacturers Association, 1155 - 15th Street, N.W., Washington, D.C., 20005

Health, Education and Welfare, Department of - *The Care of Your Children's Teeth* - Children's Bureau Publication 439, Office of Child Development, Children's Bureau, Washington, D.C., 20201

Johnson and Johnson - *How to Use Dental Floss* - Public Relations Division, Consumer Relations Department, 501 George Street, New Brunswick, New Jersey, 08903

Mead Johnson and Company - *Good Teeth For Your Child* - Public Relations Division, Evansville, Indiana, 47721

FILMS AND FILMSTRIPS

Johnson and Johnson - *Take Time For Your Teeth* - (Film, color, 14 minutes) Consumer Relations Department, 501 George Street, New Brunswick, New Jersey, 08903

National Dairy Council - *Let's Visit the Dentist, Tommy's Healthy Teeth* (Film, 11 minutes) - *What Do We Know About Teeth* (Film, 14 minutes) - *Ten Little People and Their Teeth* - Check your local branch

B. Grooming

BOOKS FOR ADULTS

American Medical Association - *Sunlight and the Skin* (Pamphlet), *Something Can Be Done About Acne* (Pamphlet), *Time Out for Grooming* (Pamphlet) - 535 North Dearborn Street, Chicago, Illinois 60610

C. Aids To Growth

1. NUTRITION

BOOKS FOR ADULTS

Aldrich, C.A. and Aldrich, M. - *Feeding Our Old Fashioned Children* - The Macmillan Company, New York, N.Y., (1947)

American Medical Association - *Health Aspects of the School Lunch Program* (Pamphlet) - 535 North Dearborn Street, Chicago, Illinois, 60610

Fox, Ruth G. - *Food Wonders of the World* - The Kellogg Company in cooperation with the United States Committee for UNICEF

Health, Education and Welfare, Department of - *Foods Your Children Need, Nutrition and Healthy Growth, Prevention of Iron-Deficiency Anemia in Infants and Children of Preschool Age* - Office of Child Development, Children's Bureau, Washington, D.C., 20201

Health, Education and Welfare, Department of - *Suggested Guidelines for Evaluation of the Nutritional Status of Preschool Children* - Children's Bureau, Office of Child Development, Washington, D.C., 20201

Korslund, M.K. and Eppright, E.S. - *Taste Sensitivity and Eating Behavior of Preschool Children* - Journal of Home Economics, 59:169 (March) 1967

Martin, Ethel A. - *Nutrition Education in Action* (Second Edition) - Holt, Rinehart and Winston, New York, N.Y.; Chicago, Illinois; San Francisco, California; Toronto, Canada; London, England

McEnery, E.T., M.D., and Suydam, Margaret J. - *Feeding Little Folks* (Booklet) - National Dairy Council, Chicago, Illinois, 60606

National Dairy Council - *Nutrition Handbook for Family Food Counseling* - Mental Health Materials Center, Inc., New York, N.Y., 10016

Ross Laboratories - *Your Child's Appetite* - Columbus, Ohio, 43126

Spock, Benjamin and M. Lowenberg - *Feeding Your Baby and Child* - Pocket Books, Inc., New York, N.Y.; National Dairy Council, Chicago, Illinois, 60606

U.S. Department of Agriculture - *Family Fare - (Food Management and Recipes), Food Consumption and Dietary Levels Under the Pilot Food Stamp Program* (June) 1964

BOOKS FOR CHILDREN

National Dairy Council - *What Did You Have for Breakfast This Morning?* Chicago, Illinois, 60606

U.S. Department of Agriculture - *The Good Foods Coloring Book* - Food and Nutrition Service, Washington, D.C., 20250 (Also in Spanish) - *El Libro Colorante De Las Comidas Buenas*

FILMS AND FILMSTRIPS

National Dairy Council - *Weight Control, Uncle Jim's Dairy Farm* (Film, 10 min.), *Food Makes the Difference; Health Series: Foods for Health, Strong Teeth, Keeping Well, Rest and Sleep, Keeping Clean, Straight and Tall* (Set of 6), *Trip to Dairy Farm, Life on a Dairy Farm, The Story of Milk, Milking, A Right Breakfast, You and Your Food* (Film, 8 min.), *Food For Young Children* - Check your local branch

Warren Schloat Productions, Inc. - *Where Food Comes From* - (4 Color Filmstrips, Catalogue 105) - Pleasantville, New York, 10570

KITS

National Dairy Council - Model Cow; Vinyl plastic scale production of a dairy cow (on loan); Model Farm; Wood carved animals, farmer, farm equipment (on loan) - Check your local branch.

C2. Rest

BOOKS FOR ADULTS

Mental Health Materials Center, Inc. - *Sleep Habits* - Child Training Leaflets - 419 Park Avenue South, New York, N.Y., 10016

C3. Exercise

BOOKS FOR ADULTS

American Association for Health, Physical Education, and Recreation - *In Elementary School Physical Education* - National Education Association, Washington, D.C., 20036

Ashton, Dudley - *Rhythmic Activities for Grades K-6* - AAHPER - National Education Association, Washington, D.C., 20036

Andrews, Gladys - *Creative Rhythmic Movement* - Prentice Hall, Inc., Englewood Cliffs, New Jersey, 07632

Lentz, John J. - *To Exercise or Not to Exercise* - (Pamphlet) - American Medical Association, Chicago, Illinois 60610

Murray, Ruth L. - *Dance in Elementary Education* - Harper and Row Publishers, New York, New York, 10016 (1963)

National Education Association - *Idea Book in Physical Education for the Elementary School Teacher* - Reprinted from the Journal of Health, Physical Education and Recreation, Washington, D.C., 20036

Newman, Virginia Hunt - *Teaching Young Children to Swim and Dive* - Harcourt, Brace and World, Inc., New York, N.Y., 10017

Porter, Lorena - *Movement Education for Children* - American Association of Elementary-Kindergarten-Nursery Educators, National Education Association Center, Washington, D.C., 20036

President's Council on Physical Fitness - *Physical Fitness Manual* - Superintendent of Documents, Government Printing Office, Washington, D.C.

President's Council on Physical Fitness - *Youth Physical Fitness - Suggested Elements of a School - Centered Program,* Parts I and II, Superintendent of Documents, Government Printing Office, Washington, D.C.

Starks, Ester B. - *Blockbuilding* - American Association of Elementary-Kindergarten-Nursery Educators, Affiliate of National Education Association of the U.S., Washington, D.C.

Stuart, Francis R. - *Classroom Activities* - New York State Department of Education, National Education Association - Publications - Sales, Washington, D.C., 20036

VISUAL AIDES

Bond, Marjorie H. - *Play on a Higher Level* - A Series of Physical Education Telecasts: No. 1 - *The Work Called Play;* No. 2 - *The Freedom to Move;* No. 3 - *Building a Body Fit for Life;* No. 4 - *Dance: An Art and A Feeling* - Southern Illinois University, Carbondale, Illinois

FILMS AND FILMSTRIPS

Audio-Visual Center - *Movement Education* (Film, a series of 25 minute sound, color films with instructional manual) - The Titles are: (1) *Introduction to Movement Education;* (2) *Teaching Direction and Level;* (3) *Teaching Awareness of Body Movements;* (4) *Teaching Qualities of Body Movements;* (5) *Ideas for Theme Development;* (6) *Use of Small Apparatus* - Simon Frazier University, Burnaby 2, British Columbia, Canada (1968)

DeKalb Public Schools - *Movement Experiences for Children* (Film, 8 minutes, black and white) - *Movement Experiences for Primary Children* (Film, 15 minutes, color) - Documentary films on the Pilot Program of Movement Education - Altgeld 114, Northern Illinois University, DeKalb, Illinois, 60115

Documentary Films - *Movement Exploration* (Film, 20 min., sound, color) - Film designed for K-6 teachers and teachers-in-training which includes a wide range of activities. 3217 Gulch Road, Aptos, California, 95003

Ealing Corporation - *Basic Movement; Body Awareness; Manipulative Activities; Functional Fitness* (Film Loops, 8mm.) - Four series of 8mm. technicolor-2225 Massachusetts Avenue, Cambridge, Massachusetts, 02140

Kruger, Hayes - *Movement Education in Physical Education* (Film, 20 minutes, black and white) - Interprets Movement Education - Louise Duffy School, 95 Westminister Drive, West Hartford, Connecticut, (1967)

National Instructional Television Center - *Ready, Set, Go* - A series of thirty 20-minute television lessons on the basic movement and approach for primary children - Box A, Bloomington, Indiana, 47401

C3. Records

Record Companies (The following companies produce records which can be used by the classroom teacher in providing rhythmic motor experiences for youngsters.)

Folkways Records, 117 West 46th Street, New York, N.Y.

Rhythms Productions, 9842 Everst St., Downey, California

U.S. Committee for UNICEF, United Nations, New York (Hi Neighbor Series of books and records of materials from other countries.)

D. Emotional Development

FOR ADULTS

Baruch, Dorothy - *How to Discipline Your Children* - FL 154 - Public Affairs Pamphlets, 381 Park Avenue South, New York, N.Y., 10016

Cooperative Extension Service - *Good Ways to Guide Your Child's Behavior* (Pamphlet) - Iowa State University, Ames, Iowa

Family Life and Health Education Catalog - *Failure: A Step Towards Growth* - Guidance Associates, Pleasantville, New York, 10570

Fraiberg, Selma H. - *The Magic Years* - Charles Scribner and Sons, New York, N.Y.

Mental Health Materials Center - *Feeding Habits; Sleep Habits* - Child Training Leaflets, New York, N.Y., 10016

KITS .

National Dairy Council - Model Cow; Vinyl plastic scale production of a dairy cow (on loan); Model Farm; Wood carved animals, farmer, farm equipment (on loan) - Check your local branch.

C2. Rest

BOOKS FOR ADULTS

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C3. Exercise

BOOKS FOR ADULTS

American Association for Health, Physical Education, and Recreation - *In Elementary School Physical Education* - National Education Association, Washington, D.C., 20036

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Andrews, Gladys - *Creative Rhythmic Movement* - Prentice Hall, Inc., Englewood Cliffs, New Jersey, 07632

Lentz, John J. - *To Exercise or Not to Exercise* - (Pamphlet) - American Medical Association, Chicago, Illinois 60610

Murray, Ruth L. - *Dance in Elementary Education* - Harper and Row Publishers, New York, New York, 10016 (1963)

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Newman, Virginia Hunt - *Teaching Young Children to Swim and Dive* - Harcourt, Brace and World, Inc., New York, N.Y., 10017

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Stuart, Francis R. - *Classroom Activities* - New York State Department of Education, National Education Association - Publications - Sales, Washington, D.C., 20036

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U.S. Committee for UNICEF, United Nations, New York (Hi Neighbor Series of books and records of materials from other countries.)

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FOR ADULTS

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Cooperative Extension Service - *Good Ways to Guide Your Child's Behavior* (Pamphlet) - Iowa State University, Ames, Iowa

Family Life and Health Education Catalog - *Failure: A Step Towards Growth* - Guidance Associates, Pleasantville, New York, 10570

Fraiberg, Selma H. - *The Magic Years* - Charles Scribner and Sons, New York, N.Y.

Mental Health Materials Center - *Feeding Habits; Sleep Habits* - Child Training Leaflets, New York, N.Y., 10016

Neisser, Edith G. - *Your Child's Sense of Responsibility* - FL 254 - Public Affairs Pamphlets, 381 Park Avenue South, New York, N.Y., 10016

Ross, Helen - *The Shy Child* - FL 239 - Public Affairs Pamphlets, 381 Park Avenue South, New York, N.Y., 10016

Ross Laboratories - *Your Child and Discipline* - Columbus, Ohio, 43126

Stevenson, George S. and Milt, Harry - *Tensions - And How to Master Them* - FL 305 - Public Affairs Pamphlets, 381 Park Avenue South, New York, N.Y., 10016

Wolf, Anna W. - *Your Child's Emotional Health* - FL 264 - Public Affairs Pamphlets, 381 Park Avenue South, New York, N.Y., 10016

Unit 5

A. Family Health Care

BOOKS FOR ADULTS

American Medical Association - *Your Family Health Record* (Pamphlet - 535 North Dearborn Street, Chicago, Illinois, 60610

U.S. Department of Health, Education and Welfare - *When Teenagers Take Care of Children–A Guide for Baby Sitters,* Publication 409 - *Your Child From 1 to 6* - Publication 30, *Your Child From 3 to 4* - Publication 446, *Your Children's Feet and Footwear* (Folder 41), *Your Preschool Child's Eyes* (Folder 54), Office of Child Development, Children's Bureau, Washington, D.C., 20201

FILMS AND FILMSTRIPS

National Society for Prevention of Blindness - *Memo to Parents about Your Child's Eyesight* - 79 Madison Avenue, New York, N.Y., 10016

B. Head Start Staff-health Care

BOOKS FOR ADULTS

American Medical Association - *Health for School Personnel, Suggested School Health Policies, The Case of the Sunburned Mannequins, A Determatologist Talks About Warts, When Your Child Needs Glasses*, 535 North Dearborn Street, Chicago, Illinois, 60610

Alaska Department of Health and Welfare - *Danger-Erache!* - (Booklet and Film) - Pouch, H., Juneau, Alaska, 99801 (Check your local office)

Bing, Lois B. - *Vision and Reading* - American Optometric Association, 700 Chippewa Street, St. Louis, Missiouri, 63119

California State Department of Education - *A Guide for Vision Screening in Public Schools* - Superintendent of Public Instruction, Sacramento, California

California State Department of Education - *Hearing Testing of School Children and Guide for Hearing Conservation Program* - Superintendent of Public Instruction, Sacramento, California

Dukelow, Donald A. - *Health Appraisal of School Children* (4th Edition) (1969) - National Education Association and American Medical Association, Joint Committee on Health Problems in Education, Washington, D.C.

State of Louisiana Department of Health - *The Child With a Hearing Loss* - Special School Health Services Section, New Orleans, Louisiana

Your State Department of Public Health - *Hearing Testing of School Children, Administrative Control of Communicable Diseases*

Note: Inquire from your local and State Department of Health as to what is available for your use.

C-D. Health Specialists and Preventive Health Care

BOOKS FOR ADULTS

American Medical Association - 8 Ways to Cut Your Doctor Bills, How to Be a Good Parent, Medicines and How to Use Them, Your Health Examination, When to Call or See Your Physician, Your Friend The Doctor - 535 North Dearborn Street, Chicago, Illinois, 60610

National Institutes of Health - *Small-Fry Smiles:* A Guide for Teaching Dental Health in Community Care Programs - Community Programs Branch, Division of Dental Health, 8120 Woodmont Avenue, Bethesda, Maryland, 20014

Saltman, Jules - *Immunization for All* (No. 408) - Public Affairs Pamphlets, 381 Park Avenue South, New York, N.Y., 10016

BOOKS FOR CHILDREN

Lapp, Carolyn - *Dentist's Tools* - Lerner Publishing Company, Minneapolis, Minnesota

Lerner, Marguerite R., M.D. - *Doctor's Tools* - Lerner Publishing Company, Minneapolis, Minnesota

Georgia Department of Public Health - *Frank Visits the Dentist* - 47 Trinity Avenue, S.W., Atlanta, Georgia, 30334 (Check your Local Department for similar material)

Kentucky State Department of Health - *My Health* (Coloring Books, Pamphlet) Louisville, Kentucky (Check your Local Department for similar material)

New York State Department of Health or Colorado State Department of Public Health - *Kit Goes to the Dentist* (Booklet) - (Check your Local Department for similar materials)

FILMS AND FILMSTRIPS

Averill, Jeanne - *Michael and the Dentist* (23 Color Frames and 45 RPM Record) - Availability: Box 3038, Augusta, Georgia, 30904 - Rental: American Dental Association, Bureau of Audiovisual Service, 211 East Chicago Avenue, Chicago, Illinois, 60611 (Filmstrip No. FS17)

Eubank, Miriam D., M.D. - *When Your Child Needs Glasses* - American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610

Florida State Board of Health - *Your Child's Eyes* - Jacksonville, Florida (Check your Local Department for similar material)

Parke, Davis and Company - *Time for Living* - (Film, color, 28 min.) P.O., Box 118, G.P.O., Detroit, Michigan, 48232

State Board of Health - *Journey of Health* (Film, 22 min., color) - Regular medical supervision - Local Film Library or Film Library, Dover, Delaware, 19910 (Check your Local Department for similar material)

E. Illness

BOOKS FOR ADULTS

Health, Education and Welfare, Department of - *The Child Who is Hard of Hearing* (Folder 36), *The Child Who is Mentally Retarded* (Folder 34), *The Child With Central Nervous System Deficit* (Publication 432), *The Child With Cerebral Palsy* (Folder 34), *The Child With a Cleft Palate* (Folder 37), *The Child With Epilepsy* (Folder 35) *The Child With A Missing Arm or Leg* (Folder 49), *The Child With Rheumatic Fever* (Folder 42), *The Child With A Speech Problem* (Folder 52), *Choosing A Hearing Aid* (Folder 55), *Guidelines for Hearing Screening Program, The Preschool Child Who Is Blind* (Folder 39), *Rubella, Selected Bibliography on Rubella, Services For Crippled Children* (Folder 38), *Sickle Cell Anemia* - Office of Child Development, Children's Bureau, Washington, D.C., 20201

Schiffer, Clara G., M.A., and Hunt, Eleanor P., Ph.D. - *Illness Among Children* - Children's Bureau Publication 405 (1966) Office of Child Development, Department of Health, Education and Welfare, Washington, D.C., 20201

FILMS AND FILMSTRIPS

Abbot - *What You Should Know About Hay Fever* - Film Services Department, Abbott Laboratories, North Chicago, Illinois, 60064

Lederle Laboratories, - *The Last Case of Polio* (Film, Color, 20 min.) Film Library, Pearl River, New York, 10965

Lederle Laboratories - *Rabies Can Be Controlled* (Film, Color, 14 min.) Film Library, Pearl River, New York, 10965

Merck, Sharp and Dohme - *Mission: Measles* (Film, black and white, 20 min.) - Film Library, West Point, Pennsylvania, 19486

Schering - *Nothing to Sneeze At* - (Film, Color 13½ min.) Association Films, Inc., 600 Grand Avenue, Ridgefield, New Jersey, 07657

Schering - *Colds* (Film, black and white, 5 min.) Association Films, Inc., 600 Grand Avenue, Ridgefield, New Jersey, 07657

Schering - *Child With A Cold* (Film, Color, 5 min.) - Association Films, Inc., 600 Grand Avenue, Ridgefield, New Jersey, 07657

Warner-Chilcott Laboratories - *The Hidden Fear* - (Film, black and white, 15 min.) - Division of Warner-Lambert Pharmaceutical Company, 201 Tabor Road, Morris Plains, New Jersey, 07950

F. Community

1. Hospital (The)

BOOKS FOR ADULTS

Haller, J. Alex, Jr. - *Pre-Hospital Preparation* - Journal of Medical Opinion and Review, Vol. 5, No. 6 (June 1969)

Mental Health Materials Center, Inc. - *Preparing Your Child for the Hospital* - (Child Training Leaflet) - 419 Park Avenue South, New York, N.Y., 10016

FILMS AND FILMSTRIPS

Merck, Sharp and Dohme - *A Place to Get Well* - (Film, Color, 20½ min.) - Film Library, West Point, Pennsylvania, 19486

Knoll Pharmaceutical Company - *The Residential Care and Study of Children With Intractable Asthma* - (Film, Color, 20 min.) - 377 Crane Street, Orange, New Jersey, 07051

PMA - *℞ For Maryanne* - (Film, Color, 14 min.) - Modern Talking Picture Service, Inc., 1212 Avenue of the Americas, New York, N.Y., 10036

Smith, Kline and French Laboratories - *Toymakers* - (Film, black and white, 30 min.) - *Child Behind The Wall* - (Film, black and white, 30 min.) - Film Center, Smith, Kline and French Laboratories, Services Department, 1500 Spring Garden Street, Philadelphia, Pennsylvania, 19101

Upjohn Company - *Better Health For Your Children* - Parts I and II - (Film, black and white, Part I - 30 min., Part II - 28 min.) Professional Film Library, 7000 Portage Road, Kalamazoo, Michigan, 49001 or your Local Upjohn Representative.

PUBLISHERS

1. Afro-American Publishing Company
   765 E. Oakwood Blvd., Chicago, Illinois, 60653
2. Bank Street College Publications
   216 West 14th Street, New York, N.Y., 10014
3. The Beacon Press
   25 Beacon Street, Boston, Massachusetts, 02108
4. Behavioral Publications, Inc.
   2852 Broadway, Morningside Heights, New York, N.Y., 10025
5. Beckley-Cardy Company
   1900 North Narragansett, Chicago, Illinois, 60639
6. Child Study Association of America
   9 East 89th Street, New York, N.Y., 10028
7. Children's Press
   1224 West Van Buren Street, Chicago, Illinois, 60607
8. Thomas Y. Crowell Company
   201 Park Avenue South, New York, New York, 10003
9. John Day Company
   257 Park Avenue South, New York, N.Y., 10003
10. Dodd, Mead and Company
    79 Madison Avenue, New York, N.Y., 10016
11. Doubleday and Company, Inc.
    511 Franklin Avenue, Garden City, New York, N.Y., 11530
12. Eerdmans, William B., Publishing Company
    255 Jefferson Street, SE, Grand Rapids, Michigan, 49502
13. Encyclopedia Brit. Films
    1150 Williamette Avenue, Williamette, Illinois
    202 East 44th Street, New York, N.Y.
    5625 Hollywood Blvd., Hollywood, California
14. Golden Press - Division of Western Publishing Company, Inc.
    850 Third Avenue, New York, N.Y., 10022

15. Harcourt, Brace and World, Inc.
    757 3rd Avenue, New York, N.Y., 10017
16. Harper and Row Publishers, Inc.
    49 East 33rd Street, New York, N.Y., 10016
17. Holt, Rinehart and Winston, Inc.
    383 Madison Avenue, New York, N.Y., 10017
18. Lerner Publications Company
    241 First Avenue, North, Minneapolis, Minnesota
19. J.B. Lippincott
    E. Washington Square, Philadelphia, Pennsylvania, 19105
20. William Morrow and Company
    425 Park Avenue South, New York, N.Y., 10016
21. University of North Carolina Press
    Chapel Hill, North Carolina, 27514
22. University of Pennsylvania Press
    3933 Walnut Street, Philadelphia, Pennsylvania, 10104
23. Prentice-Hall Inc.
    Englewood Cliffs, New Jersey, 07632
24. Random House, Inc.
    457 Madison Avenue, New York, N.Y., 10022
25. W.B. Saunders Company
    7th and Locust Streets, Philadelphia, Pennsylvania, 19105
26. Scott, Foresman and Company
    1900 Lake Avenue, Glenview, Illinois, 60025
27. Simon and Schuster, Inc.
    1 West 39th Street, New York, N.Y., 10018
28. Warren Schloat Productions, Inc. (A Prentice–Hall Company)
    Pleasantville, New York, 10570
29. Zondervan Publishing House
    1415 Lake Drive SE, Grand Rapids, Michigan

FILM COMPANIES

1. Bailey Films
   6509 De Longpre Avenue, Hollywood, California
2. Imperial Film Company, Inc.
   4404 South Florida Avenue, Lakeland, Florida, 33803
3. Handel Film Corporation
   8730 Sunset Boulevard, West Hollywood, Cal.

Unit I
Suggested Toys and Other Equipment

Creative Playthings
Princeton, N.J., 08540

"Four Egg Incubator"
A scientifically controlled environment enables children to watch baby chicks hatch from an egg. Instructions included. Local hatcheries can supply fertilized eggs or 10 day old ones that shorten the 21 day waiting period. (Also for Unit II)
1 lb. 14 ozs. RS 765

"Hats for Girls"
Dressing up for girls - 5 fetching feminine hats for trying out new role: Picture Hat, Bridal Veil, Indian Headband, Beach Hat, Bonnet. (Also for Unit IV)
1 lb. 8 ozs. RQ 135M

"Hats for Boys"
6 Heavy Gauge Vinyl hats - Fireman, Cowboy, Explorer, Diplomat, Motorcyclist, Performer. (Also for Unit IV)
2 lb. RR 250M

Educational Teaching Aides
159 West Kinzie Street
Chicago, Illinois 60610

Thermal Cylinders - No. 89 - Testing Hot and Cold

Carnival of Beginning Sounds - No. 2214 - 15 Key Illustration Cards

Unbreakable Mirrors - No. 1014 - Two Models

Unit II
Suggested Toys and Other Equipment

Creative Playthings
Princeton, New Jersey, 08540

"Hand Puppet Family"
Easy to manipulate rubber figures, 2 adults, 2 children and a baby

White	2 lbs.	RG 450
Black	2 lbs.	RG 550

"Folk Marionettes"
Even the youngest operator can make these 6 international (European) wooden puppets dance, gesture, perform, since only one crossbar controls both the elastic and strings.
1 lb. 8 ozs. RQ 914

"Family Tree Mobile"
Children see how they are related to aunts, uncles, cousins by making this genealogical chart in mobile form with 55 cut-outs - enough material to display 3 generations, one of each side of the family.
1 lb. RA 009

"Bendable Rubber Family"
Self molded rubber covering wire frames, - forms bendable people who are easily positioned (Father) 6 inches tall - Set of 5.

White	12 ozs.	RB 292
Black	12 ozs.	RB 492

"Growhouse"

Pellets of concentrated sphagnum moss expand in water to become an enriched medium that assures successful growth of miniature marigold, tomatoes and sweet basil. Plants sprout in any season and grow rapidly. Plastic covered window greenhouse. (Also for Unit V)

1 lb. 4 ozs. RR 263

"Integrated Community Workers"

Wire frame bendable rubber - set of 6 workers representing occupations - Policeman, Fireman, Laborer, Captain, Mailman, Conductor - Ea. 6 inches high. (Also for Units III & IV)

1 lb. RB 319

Educational Teaching Aids
159 West Kinzie Street
Chicago, Illinois 60610

Black Family - No. 2002 - Father, mother, boy, girl and baby. (Hardboard Stand-ups)

White Family - No. 2004 - Father, mother, boy, girl and baby. (Hardboard Stand-ups)

Our Friends - No. 2008 - 17 pieces (Hardboard Stand-ups)

My Home and Family (White) - No. 2054 - (Stand-ups)

My Home and Family (Negro) - No. 2056 - (Stand-ups)

Children of Other Lands Jig-Saw Puzzles (in boxes) - An Eskimo Girl, 25 pieces, A Zulu Girl, 30 pieces - A Red Indian Boy, 36 pieces (No. 2240)

Children of Other Lands Pictures - No. 2244 - 12 Pictures

Unit III
Suggested Toys and Other Equipment

Educational Teaching Aids
159 West Kinzie Street
Chicago, Illinois 60610

Tactile Globe - No. 91

Standard World Globe - No. 94 - All metal globe on inclined axis.

Printed Map Boards of North America - No. 155 - In Full Color, consisting of four (4) map boards.

United Nations Flag Set - No. 162 - 100 Flags printed on silky cloth, mounted on wood staffs.

House Play Kit - No. 210

Play House Equipment - No. 206 - Practical Life Equipment - Over 145 pieces of child-size equipment.

In The City - No. 2058 - Set of five pictures: downtown street scene, industrial/highway complex, commercial scene, neighborhood scene, cultural/government buildings.

Places We Visit - No. 2058 - Set of six pictures: playground, movie theatre/department store, picnic at mountain lake, zoo, friends, relatives home, library.

Keeping Clean and Healthy - No. 2058 - Set of six pictures: Teaching guide includes fingerplays for each topic. Visiting dentist, sleeping, seeing doctor, brushing teeth, eating good breakfast, bathing. (Also for Unit V)

Golden Press
175 Community Drive
Lake Success Park, N.Y., 11021

Friends - (First Learning Games) - Friends such as: Policeman, Doctor, Fireman and Teacher. The way people help each other, and the "tools" each person uses in his work.

Unit IV
Suggested Toys and Other Equipment

Creative Playthings
Princeton, N.J., 08540

"Child-Sized Scale"

Enameled steel balance with 6 brass weights, from half ounce to 1 lb. will help a child understand weighing principles.

4 lbs. 8 ozs. RH 277

"Self-Help Cloth Books"

Cloth books with zippers, laces, snaps, buttons and bows to practice dressing skills.

All by herself
All by himself

"Mustard and Cress Farm"

Ingredients for a favorite party sandwich may now be grown at home, easily and cleanly on absorbent pads. Tray, pads, instructions and enough seeds for 4-5 servings. In a few days, houses are ready. (Also for Unit V)

8 ozs. RR 275
6 pkgs. 3 lbs. RR 2756

Educational Teaching Aids
159 West Kinzie Street
Chicago, Illinois 60610

Ride on Toys - No. 3002 - Multi-Use Play Triangles Set - Hardwood set provides material to construct seesaws, walking boards, and riding toys.

Best Vests - No. 9A to 16A - For Learning Dressing Skills

Climbing Tent - No. 1060 - Eleven joints and 25 bars.

Balance Boards - No. 1052 - Nonslip foot treads.

Balance Beam - No. 1050 - Six-foot long balancing rail, can be used in two positions.

Balance Blocks and Boards - No. 1051 - Four solid wood blocks and three (3) wood planks.

At The Farm -No. 2058 - Set of five pictures: general farm scene, plus four pictures of: feeding pigs, gathering eggs, grazing cows, harvesting crops.

Farmers Friends Conversation Pictures - No. 2248 - Set consists of 8 beautifully colored pictures, showing the farmer at work, farm animals and farm equipment.

Farmers Friends Jig-Saw Puzzles (in boxes) - 20-piece puzzles, Box 1 Horse, Box 2 Cow, Box 3 Sheep, Box 4 Goat - 30-piece puzzles, Box 5 Donkey, Box 6 Chicken, Box 7 Rabbit, Box 8 Pig.

Aloe Company
12201 New Columbia Pike
Silver Spring, Maryland 20904

Clarion Pediatric Wigglepus Admission Kit (Children's Toilet Articles Kit) (25 Kits/case) $26.25/case.

Delmar F. Harris Company
P.O. Box 288
Dept. J
Concordia, Kansas 66901

Playmate playground equipment, including the "Swedish Gym" exerciser and the "Swedish Gym" circuit training (obstacle) course.

Lind Climber Company
807 Reba Place
Evanston, Illinois 60202

The Lind Climber, "a movable piece of climbing equipment that provides for varied uses."

Sterling Recreation Products
7 Oak Place
Montclair, New Jersey 07042

Portable apparatus

Whittle, R.W., Limited
P.V. Works, Monton, Eccles
Manchester, England
(USA Office to be established in 1970)

Portable elementary school physical education equipment for movement education.

Educational Teaching Aids
159 West Kinzie Street
Chicago, Illinois, 60610

Community Helpers - No. 2000 - Doctor, Nurse, Mailman, Policeman, Mechanic, Businessman, Fireman and Teacher. Stand-ups.

People We Know - No. 2058 - Set of 12 pictures: Librarian, Fireman, Dentist, Doctor/Nurse, Milkman, Butcher, Teacher/Principal, Repairman, Postman, Barber, Check-out Clerk, Policeman.

Hand Puppets - (Community Workers, White No. 2122), Community Workers, Negro No. 2124) - Set of four hand puppets with each set. Set includes Worker, Nurse, Doctor and Policeman.

Nova Educational Toy and Equipment Corporation
585 Avenue of the Americas (6th Avenue)
New York, New York, 10011 (212) 255-1061

Community Helpers - No. 1103 - Four characters: Doctor, Nurse, Policeman, Fireman - (Puppet playmates)

GENERAL EQUIPMENT

Educational Progress Corporation
8538 East - 41st Street
Tulsa, Oklahoma, 75145 (918) 622-6330

The Prima Filmstrip Projector - Product No. 30-014, Under $40.00

The "U" Film Kit - Product No. 10-0102, Under $20.00

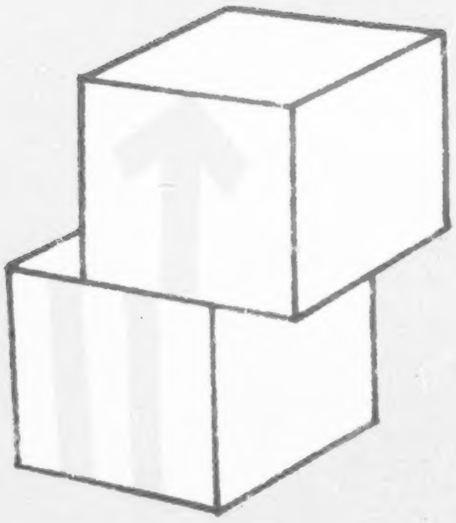
Warren Schloat Productions, Inc.
Pleasantville, New York, 10570

Previewer - Manual (around $130.00) - Automatic (around $235.00)

Previewer Assembly Filmstrip Projector - Record Version (around $300.00) - Economy Model (around $270.00) - Cassette Version (around $330.00)

Previewer TV - Monitor Filmstrip Console Projector - Cassette Version (around $230.00) - Record Version (around $260.00)

GPO 914.681



Project HEAD START
Office of Child Development
U.S. Department of
Health, Education, and Welfare
Washington, D.C. 20201